

# **Child and Family Services Review: Wisconsin Statewide Assessment**

**June 17, 2003**



DIVISION OF CHILDREN AND FAMILY SERVICES

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Governor

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**State of Wisconsin**  
Department of Health and Family Services

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June 17, 2003

Ms. Patris Shirrells  
Administration for Children and Families  
233 N. Michigan Avenue, Suite 400  
Chicago, IL 60601

Dear Ms. Shirrells:

Enclosed is the Wisconsin Statewide Assessment (SA) for the Child and Family Services Review (CFSR) taking place in August 2003. The (SA) document has been submitted to you in soft copy via e-mail as well. The (SA) document will shortly be available to the public from the Department Web site.

The SA document is the culmination of over two years of preparation by Wisconsin for the CFSR. The General Information section of the SA describes the preparation activities, including the work of the Child Welfare Executive Steering Committee, the local assessments conducted by county child welfare agencies, the mock CFSR reviews conducted by the Division, and the collaboration with county agencies. The SA identifies issues that should be examined during the on-site portion of the CFSR in August and lays the groundwork for developing a Program Improvement Plan (PIP) to improve the quality of child welfare services in Wisconsin following the on-site review. The Division will continue to work collaboratively with county agencies and the many stakeholders in the child welfare service delivery system to educate local program managers and stakeholders about the issues identified in the SA and actively engage local program managers and stakeholders in the PIP process.

As you are aware, the Division is resubmitting AFCARS files for the years included in the state data profile to improve the quality of the data used to measure state performance on the federal permanency outcome measures. We request that once the new AFCARS files are received, an updated state data profile be issued for Wisconsin. The Division will do a supplemental analysis of the updated data profile to add to the analysis of permanency outcomes in the SA document.

We appreciate the assistance of Administration for Children and Families staff, particularly yourself and Will Hornsby, in clarifying the SA requirements and providing feedback on the draft version of the SA document.

Thank you for your interest in improving child welfare services in Wisconsin.

Sincerely,

  
Kitty Kocol  
Administrator

Enclosure: SA document

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# Statewide Assessment Instrument

## Section I - General Information

Name of State Agency	
<p align="center"><i>Wisconsin Department of Health and Family Services</i>  <i>Division of Children and Family Services</i></p>	
Period Under Review	
<p>Federal Fiscal Year for Onsite Review Sample- <i>FFY 2003</i>  Period of AFCARS Data- <i>FFY 1999 - 2001</i>  Period of NCANDS Data – <i>Calendar Year 1999 – 2001, with approved alternative data from State Child Abuse and Neglect Data System and State Survey of Child Welfare Agencies</i></p>	
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## **Definitions of Terms Used in the Statewide Assessment**

<b>Act 109</b>	2001 Wisconsin Act 109, enacted in July 2002.
<b>AFCARS</b>	Federal Adoption and Foster Care Analysis and Reporting System for permanency data.
<b>AFDC</b>	The former Aid to Families with Dependent Children program
<b>Area Administration</b>	Regional Area Administration Offices of the DHFS Office of Strategic Finance
<b>ASFA</b>	Federal Adoption and Safe Families Act of 1997
<b>BMCW</b>	Bureau of Milwaukee Child Welfare in DCFS
<b>BPP</b>	Bureau of Programs and Policies in DCFS
<b>BRL</b>	Bureau of Regulation and Licensing in DCFS
<b>CAN</b>	Child Abuse and Neglect
<b>Chapter 48</b>	Wisconsin Children's Code
<b>Chapter 938</b>	Wisconsin's Juvenile Code
<b>Child welfare agencies</b>	County agencies or the BMCW responsible for child safety and the permanency of children in out-of-home care. Many county agencies handle both CPS and juvenile justice cases.
<b>CHIPS</b>	Child in need of protection or services
<b>COKC</b>	Court-ordered kinship care
<b>CPS</b>	Child protective services
<b>CFS-40</b>	Form used to collect data from counties on child maltreatment reports
<b>CFSR</b>	Federal Child and Family Services Review
<b>CY</b>	Calendar Year (January 1 – December 31)
<b>DCFS</b>	Division of Children and Family Services, the state child welfare agency
<b>DHFS</b>	Department of Health and Family Services, which includes DCFS and other health and human service programs
<b>ESC</b>	Child Welfare Executive Steering Committee
<b>FFY</b>	Federal Fiscal Year (October 1 – September 30)
<b>HFS 44</b>	Proposed state administrative rule on permanency planning

<b>HFS 56</b>	State administrative on foster home licensing
<b>HSRS CSC Module</b>	Child Substitute Care Module of the Human Services Reporting System
<b>ICWA</b>	Indian Child Welfare Act
<b>JIPS</b>	Juveniles in need of protection or services
<b>Juvenile Justice</b>	Status offenders and delinquents under the Juvenile Code, Chapter 938
<b>Medical Assistance</b>	Wisconsin's Medicaid program
<b>MEPA</b>	Multi-Ethnic Placement Act
<b>OPEP</b>	Office of Policy, Evaluation and Planning in DCFS
<b>Out-of-Home Care</b>	Placement of children in foster care, group homes or residential care centers. Corresponds with the federal definition of foster care.
<b>NCANDS</b>	Federal National Child Abuse and Neglect Data System for safety data. The Wisconsin NCANDS submission includes the Summary Data Component (SDC).
<b>PEM</b>	Program Evaluation Manager in BMCW
<b>PIP</b>	Program Improvement Plan for the CFSR
<b>QA</b>	Quality assurance
<b>PSSF</b>	Promoting Safe and Stables Family Program
<b>RCC</b>	Residential care center institutional care provider, also known as a child caring institution
<b>SNAP</b>	Special Needs Adoption Program operated by DCFS
<b>TPR</b>	Termination of parental rights
<b>WiSACWIS</b>	Wisconsin Statewide Automated Child Welfare Information System

## **Description of Wisconsin Child Welfare Agency**

The Wisconsin Department of Health and Family Services (Department) is an umbrella agency headed by a Cabinet-level Secretary. The Department has responsibility for the human service program areas of child and family services, mental health, developmental disabilities, substance abuse services, long-term support, aging services, medical assistance and public health.

Child and family services are located in the Division of Children and Family Services (DCFS). DCFS is the unit within DHFS responsible for Title IV-B, Title IV-E, CAPTA and the Chafee Foster Care Independence Program (CFCIP). Child welfare services are primarily county-administered in Wisconsin, and supervised by DCFS. The DCFS includes several bureaus and offices.

The Bureau of Programs and Policies (BPP) manages the federal child welfare programs and supervises county delivery of child welfare services, including prevention, child protection, foster care, adoption and independent living programs. BPP also operates the state-administered adoption program, including special needs adoption placements and adoption assistance. In addition, BPP manages Kinship Care, Runaway, Domestic Violence, Hunger Prevention, Community Service Block Grant, and other related programs.

The Bureau of Milwaukee Child Welfare (BMCW) directly manages child welfare services in Milwaukee County; the state's largest county. The BMCW began operations in January 1998 following state legislation directing DHFS to assume responsibility for child welfare services in Milwaukee County. The state-administered services in Milwaukee County are delivered using state staff working in partnership with contracted service providers. BMCW delivers child protection, foster care, adoption and independent living services in accordance with state statutes, administrative rule and BPP state policies.

The Office of Policy, Evaluation and Planning (OPEP) coordinates planning at the state level, program outcome monitoring, quality assurance activities, and state preparation for federal reviews. BPP and BMCW have quality assurance staff that monitor program activity for the adoption program and child welfare in Milwaukee County. Department regional Area Administration staff in the Office of Strategic Finance performs child welfare program monitoring and quality assurance activities statewide on behalf of DCFS.

The Bureau of Regulation and Licensing (BRL) is responsible for licensing child placing agencies, child residential care facilities, group home facilities, and child care facilities. BRL licenses and monitors providers for compliance with program requirements.

Other units in DCFS are responsible for administering prevention and youth development programs, including the Brighter Futures Initiative and the Alliance for Wisconsin Youth.

## **Description of Wisconsin Child Welfare Program**

The child welfare service system in Wisconsin is primarily a county-operated, state-supervised system. The state provides program funding and oversees policy direction while county human or social service departments provide child welfare services to children and families. Counties also contribute local tax levy funding to the child welfare program.

Wisconsin has 11 recognized Indian Tribes that are involved in child welfare services in areas of the state, primarily through Chapter 161 agreements with county agencies. Tribes receive funding from DCFS for some child welfare services as well as funds directly from the federal government.

Two facets of the child welfare system are state-operated, including the adoption program for children with special needs and child welfare services in Milwaukee County.

County agencies and other service providers, such as community based organizations, provide a wide variety of services to children and families. These services include programs designed to strengthen families, reduce the risk of child abuse and neglect and preserve families affected by abuse and neglect.

Child protective services (CPS), includes intake, assessment, case planning and case progress evaluation. The following activities are part of the CPS case process:

- Receiving and screening reports of alleged maltreatment and threatened maltreatment
- Assessing risk of maltreatment and threats to safety in all screened-in reports, including conditions and behaviors that mitigate risk and safety
- Determining if maltreatment has occurred or is likely to occur
- Developing and implementing protective and safety plans, if a child is determined to be unsafe
- Engaging families in an assessment and change process to reduce risk and establish a safe environment
- Supporting and managing the change process and evaluating progress toward achievement of measurable objectives
- Using the court process to assure safety and promote the change process

Chapter 48 of the Wisconsin Statutes, also known as the Children's Code, governs abuse and neglect reporting and protective service actions. In addition to statutes, CPS requirements and guidelines are described in the CPS Investigation Standards and the CPS Ongoing Services Standards and Practice Guidelines. Additional statewide policies are described through the Division's numbered memo series.

Under Chapter 48, CPS is given the responsibility to respond to reports of abuse to children by any other person, including other children, regardless of whether the other person is in a caregiver role with the child. Statutory requirements and requirements under the CPS Investigation Standards differ, depending upon the type of alleged maltreater. Maltreaters include:

- Primary caregiver (a person in a parental role, a close relative or a person who has lived in the child's home)

- Secondary caregiver (a person charged with responsibility for a child, other than a primary caregiver, and a distant relative)
- Non caregiver (a person unrelated to the child who has no caregiving responsibilities)

Primary caregiver cases account for the majority of CPS case activity.

The CPS Investigation Standards encompass practice requirements and decision making from intake through investigation/initial assessment, including protective or safety plan development and implementation when a child is determined to be unsafe. Specific criteria for assessing threats to child safety are described, as well as a specific process for analyzing those threats and developing a plan for controlling the threats. The process guides a worker through the various safety planning options, starting with the least intrusive (a family-managed safety plan) to the most intrusive (out-of-home placement).

The CPS Ongoing Service Standards and Guidelines encompass practice requirements and decision making from the point in time when a case is opened for ongoing services through service provision and case closure. Specific criteria for assessment and engagement of the family are included, as well as specific criteria for an outcome-based case plan and ongoing case progress evaluations. Additionally, there are requirements for the continuing evaluation of child safety.

The CPS Ongoing Service Standards and Guidelines require that ongoing services are provided to all families in which a child has been determined to be unsafe. Furthermore, all families that are receiving services because a child is unsafe or because there is risk of child maltreatment must be served in accordance with the Standards. These Standards apply to children and their families regardless of whether the child safety concerns resulted in removal of the child and placement in out-of-home care.

Children enter out-of-home through two primary routes, protective services, and juvenile justice. Out-of-home care placements include temporary shelter care, family foster care, specialized or treatment foster care, group homes and residential care centers. All out-of-home care providers must be licensed and pass criminal background checks.

As mentioned above, protective service entries occur as a result of abuse or neglect or threatened maltreatment where removal of children from the home and placement into out-of-home care is necessary to protect the safety of the children. Caretakers can also seek voluntary placements for children, often related to developmental disabilities or mental health issues requiring special care. Chapter 48 of the Wisconsin Statutes governs both protective services and voluntary placements.

Juvenile justice entries to care occur as a result of children and youth displaying behavior that cannot be managed in their own home, including status offenses such as running away and truancy, or committing criminal offenses where removal of the youth from the home is necessary to protect the youth, the family or the community. Youth who commit status offenses or are in need of special care or treatment may be adjudicated as a juvenile in need of protection or services (JIPS). Youth age 10 and over that commit crimes may be adjudicated delinquent.

Intake of children into care is done by child welfare agency staff or by juvenile court staff, depending on the local administrative structure. Chapter 938 of the Wisconsin Statutes, also known as the Juvenile Code, governs status offenses and juvenile delinquency.

While children are placed in out-of-home care, county child welfare agencies are responsible for permanency planning. Permanency goals include reunification where possible, adoption, guardianship, placement with a relative, or other living arrangements. Children in out-of-home care who become available for adoption through the termination of parental rights are referred by counties to the state special needs adoption program. The state adoption program takes custody and guardianship of children following TPR and matches children with adoptive parents. Adoption assistance payments are made to persons who adopt children with special needs that meet the eligibility requirements for adoption assistance. Counties may be involved in other adoptions, including adoptions by stepparents.

Wisconsin's Independent Living program is designed to help children make the transition from foster care to self-sufficiency. Older children who are likely to age out of out-of-home care receive independent living services to help them make successful transitions to adulthood. The Wisconsin program requirements are based on the federal Chafee Act and state policy. Services focus on helping youth learn daily living skills, achieve a basic level of safety and well being that includes sufficient employment, housing, income, and education, and remain connected to caring adults and their communities for ongoing support. Program eligibility guidelines target youth ages 15-21 years who have been in out-of-home care placement for at least 6 months and youth who left care after age 17 years. The program provides continuing support services to eligible youth up to age 21.

The Kinship Care program is a financial assistance program funded under the Temporary Assistance for Needy Families (TANF) Block Grant. The program was initiated in 1997 as a replacement for the Non-Legally Responsible Relative (NLRR) component of the former Aid to Families with Dependent Children (AFDC) program. The Kinship Care program is often utilized as a child welfare service that assists children to remain within their extended family structure. Kinship Care may be used to fund voluntary living arrangements with relatives as well as child welfare placements with relatives where the court has found a child to be in need of protection or services.

## **State Preparation for Federal CFSR**

### Child Welfare Executive Steering Committee

A state-level Child Welfare Executive Steering Committee (ESC) was formed in May 2001 to advise the DCFS on how to improve child welfare program performance and prepare for the Child and Family Services Review (CFSR). Committee members actively support ongoing cross-system communication and coordination necessary to address the statewide performance requirements set for child welfare programs by the federal government.

Membership of the ESC includes state-level stakeholders who represent key roles within local communities and the child welfare system. The ESC membership includes representatives from county child welfare agencies, the Wisconsin Counties Association, court system, attorneys, advocates, law enforcement, service providers and state program agencies, juvenile justice, University of Wisconsin social work and child welfare training programs, and State Legislators. The ESC members are listed on the following page.

The ESC meets quarterly and has three program area workgroups that focus on safety, permanency, and well-being issues. Each of the program area workgroups is facilitated by DCFS. The program area workgroups identified a number of issues that have been addressed through the state assessment process. The full ESC identified themes and major issues to consider during the CFSR process.

The ESC reviewed a preliminary version of the Statewide Assessment at its February 2003 meeting. A revised Statewide Assessment was considered by the ESC at the May 2003 meeting and was approved by the ESC.

The ESC will be involved in the development of the Program Improvement Plan (PIP) following the review. A draft PIP will be presented to the ESC at its November 2003 meeting. The ESC will continue to meet quarterly in 2004 and will be kept apprised of state negotiations with the Administration for Children and Families on approval of the state PIP. Quarterly PIP progress reports will be discussed with the ESC to support continued ongoing cross-system communication and coordination on program improvement efforts.

**WISCONSIN CHILD WELFARE EXECUTIVE STEERING COMMITTEE**  
**Membership since May 2001**

<b>ORGANIZATION</b>	<b>REPRESENTATIVE</b>
<i>Division of Children and Family Services, Chairperson</i>	Kitty Kocol, current DCFS Administrator Susan Dreyfus, previous DCFS Administrator (*)
<i>Governor's Office</i>	Diane Hardt, Policy Advisor (*) Currently vacant
<i>Wisconsin County Human Services Assn.</i>	Dave Titus, Dodge County Human Services Department
<i>Wisconsin Counties Association</i>	Craig Thompson, WCA Legislative Director
<i>State Legislators</i>	Senator Joanne Huelsman (*) Tryg Knutson for Senator Jon Erpenbach Jamie Kuhn for Representative Mark Miller Senator Carol Roessler,
<i>Children's Court Representatives</i>	Judge Christopher Foley, Milwaukee Co. Circuit Court Judge Barbara Kluka, Kenosha Co. Circuit Court (*) Kathleen Murphy, 8 <sup>th</sup> Judicial District Court Admin.
<i>WI Council on Children and Families</i>	Anne Arneson, Director
<i>Department of Corrections, Division of Juvenile Corrections</i>	Sylvia Jackson, Deputy Division Administrator
<i>Department of Public Instruction</i>	Nic Dibble, Policy Analyst Mike Thompson, Student Services Director (*)
<i>WI Foster &amp; Adoptive Parent's Association</i>	Anne Rankin, President
<i>WI Police Chief's Association</i>	Tom Hansen, Police Chief for Village of Iola
<i>WI State Bar, Children and the Law Section</i>	Joan Korb, Attorney at Law
<i>WI Department of Justice</i>	Kitty Kocol, Office of Crime Victim Services (*) Currently vacant
<i>Corporation Council</i>	Bill Domina, Attorney for Waukesha County (*) Currently vacant
<i>District Attorney's Association</i>	Scott Horne, La Crosse County District Attorney
<i>State Public Defender's Office</i>	Gina Pruski, Training Liaison
<i>Great Lakes Inter-Tribal Council / Tribes</i>	Jeff Muse, GLITC Deputy Executive Director
<i>DHFS Division of health Care Financing</i>	Angie Dombrowicki, Bureau Director
<i>DHFS Division of Public Health</i>	Susan Uttech, Program Specialist
<i>DHF Division of Supportive Living</i>	Dan Naylor, CST Project Specialist
<i>Department of Administration, Homeless Shelter Program</i>	Judy Wilcox, Division of Housing & Intergovernmental Relations
<i>Department of Workforce Development, Division of Workforce Solutions</i>	Mary Rowin, Deputy Division Administrator (*) Roberta Gassman, Secretary
<i>UW-Madison School of Social Work</i>	Kristen Shook Slack, Assistant Professor
<i>WI Coalition Against Domestic Violence</i>	Mary Lauby, Executive Director
<i>WI Assn. of Family &amp; Children's Agencies</i>	John Grace, President
<i>ASFCME</i>	John Petrusek, BMCW Social Worker
<i>DHFS Office of Strategic Finance</i>	Diane Waller, Area Administration Director
<i>Child Welfare Training Partnerships</i>	Chris Sieck, Southern Training Partnership
<i>County Child Welfare Agency Staff</i>	John Jansen, Kenosha County Mary Jo Keating, Outagamie County Kim Mooney, Fond du Lac County Ron Rogers, Kenosha County Michelle Weinberger-Burns, Outagamie County

Note: (\*) denotes former ESC member

### Local Assessment Process

During the Summer of 2001, county child welfare agencies and local stakeholders in the child welfare program participated in a comprehensive assessment of local child welfare programs. The local assessment process was patterned after the statewide assessment process for the CFSR, with analysis of program outcome information and interviews with local stakeholders on issues affecting child welfare program performance. The local assessment process was piloted in 10 counties in Fall 2000 and implemented statewide in Spring 2001, with local agencies completing their assessments by the Fall of 2001.

The local assessment process included comprehensive analysis of local child welfare program operations and outcomes done by county child welfare agencies with broad participation by community representatives. To complete the local assessments, counties formed local leadership teams with the child welfare agency, circuit court judges, legal counsel (district attorney or corporation counsel), county board members and other key local stakeholders. Counties were provided with program outcome information for the years of 1997 – 1999 and asked to compare their county results with peer counties. The assessment involved local analysis of program data, operating procedures and community discussions on issues pertaining to safety, permanency and well being.

The local assessment results have been used by DCFS to analyze statewide performance on federal performance standards and support outcome-based program planning efforts. The local assessment results are being used for continued education and engagement of key stakeholders in the process of improving child welfare program performance. The local assessment results will also be very helpful in preparing for the PIP portion of the CFSR process.

### Mock CFSR Reviews

To prepare for the on-site review portion of the CFSR process, mock CFSR reviews were conducted in five counties in October and November of 2002, including Brown, Fond du Lac, Kenosha, Milwaukee and Outagamie. A total of 34 cases were reviewed in the five counties, including both in-home services and placement cases.

The reviews were conducted with teams of peer reviewers, including child welfare staff from other counties, service providers and community advocates, using the CFSR review instrument. Case interviews were conducted with families, case workers, service providers and foster parents, with the cases selected by the local agencies based on the willingness of the families to participate. In addition, stakeholder interviews were conducted.

The mock CFSR reviews were conducted primarily as a learning exercise to gain experience in using the CFSR review instrument, setting up case interviews, scheduling stakeholder interviews, and preparing for the CFSR on-site review. Based on the mock CFSR reviews, DCFS will structure the on-site CFSR review to maximize the time, case reviewers have for case interviews, since the case interviews provide the most meaningful information for case reviewers. DCFS will also schedule additional state and local stakeholder groups to provide a broad range of stakeholder input into the CFSR process.

The implications of the mock reviews for the safety, permanency and well-being outcomes in the CFSR process are discussed in Section V of the Statewide Assessment.

#### Collaboration with Counties

The process of preparing for the CFSR has been a collaborative one between DCFS and the county child welfare agencies in Wisconsin. Counties have been involved both as individual agencies and through the Wisconsin County Human Services Association, which represents county human service agencies. Attached are letters describing the collaborative efforts with counties in preparing for the CFSR.

DCFS will continue to work collaboratively with counties in the development of the Program Improvement Plan (PIP) following the CFSR review in August 2003.



**Wisconsin  
County  
Human  
Services  
Association**

**In Reply, Refer to:**

**Richard L. Kammerud, President**

Polk County Department of Human Services

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June 2, 2003

Kitty Kocol, Administrator  
Division of Children & Family Services  
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P.O. Box 8916  
Madison, WI 53708-8916

RE: Child Welfare Review

Dear Ms. Kocol:

Counties across the State of Wisconsin appreciate the relationship we have with the State Department of Health and Family Services in our mutual efforts to provide child welfare services in Wisconsin. We understand that we are somewhat unique in having a county service delivery system with the state having overall policy setting and monitoring responsibility. While having the many individual county delivery systems provides challenges to us all, I believe it also enriches the system, providing an opportunity for additional input of ideas and philosophies and ultimately a stronger system.

Our ability to be partners with the State not only in setting policy but also in a significant contribution of county dollars, also strengthens our commitment to children in our individual geographic areas. We individually and collectively have a great investment and dedication to providing the highest quality child welfare services to families.

We have appreciated our involvement in the ability to perform local assessments and mock reviews. This is already strengthening our practice at the local level. Counties offer our full cooperation in working with the State of Wisconsin on program improvement efforts in the future. We look forward to such efforts enabling us to incorporate the latest, science based best practice into our local service delivery system to children.

Sincerely,

Richard L. Kammerud  
President



## HUMAN SERVICES & HEALTH DEPARTMENT

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DAVID K. TITUS, Director  
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May 30, 2003

Kitty Kocol, Area Administrator  
Division of Children & Family Services  
1 W. Wilson Street  
P.O. Box 8916  
Madison, WI 53708-8916

RE: Child Welfare Review

Dear Ms. Kocol:

As the WCHSA (Wisconsin Counties Human Service Association) representative to our State's Child Welfare Executive Steering Committee I'd like this letter to accompany any documentation the Department submits to the Federal government regarding the upcoming review. Counties have taken great pride in the working relationship with the State Department of Health & Family Services for the delivery of child welfare programming to our State's families. We enjoy the unique qualities that are inherent in a State administered, County operated environment---qualities that enable our children and families to benefit from having programming delivered at the local level while policy is set State-wide to assure that all in need receive the same quality of care. Wisconsin benefits from the structure of the delivery system by constantly having the best local programming decisions impact care while Counties benefit from having State Department staff available to assist and guide local Departments service delivery, planning and decision making.

WCHSA places great value on the partnership formed over many years with the Department of Health & Family Services. This partnership has guaranteed that critical thinking from many points of view are considered when services to our States children and families are being developed or reviewed. WCHSA in general and Counties in particular are anxious to participate in the federal review of our state's child welfare services and anxious to lend their expertise to the development of strategies that may be necessary to meet performance standards.

Sincerely,

David Titus  
DIRECTOR

## Section II - Systemic Factors

### A. Statewide Information System Capacity

- 1. Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

#### General Overview

Wisconsin currently provides state data to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). Participation in AFCARS is required under federal law for purposes of providing out-of-home caseload information to support state claims for federal Title IV-E reimbursement and to provide permanency outcome data. Participation in NCANDS is voluntary, but essential to provide child safety outcome data.

Wisconsin is in the process of implementing the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS), which is designed to meet federal requirements for SACWIS child welfare information systems. WiSACWIS is replacing legacy systems developed for the collection of state out-of-home care and child safety data used to meet federal AFCARS and NCANDS reporting requirements. WiSACWIS is a robust case management system built around standards of practice that supports the achievement of safety, permanency and well-being for children and families.

Wisconsin will continue to use legacy data systems for some counties until the statewide implementation of WiSACWIS is completed. For out-of-home care data and AFCARS reporting, the Wisconsin legacy system is the Child Substitute Care (CSC) Module of the Human Services Reporting System (HSRS). The HSRS CSC module was developed to support federal AFCARS reporting and state claims for Title IV-E reimbursement of maintenance payments. County agencies enter information on children in placement into the CSC Module locally. AFCARS files have historically been generated from CSC Module data, and as counties begin operations on WiSACWIS, the AFCARS files include both CSC and WiSACWIS data.

For child maltreatment data, DCFS collects information from counties using the DCFS-40 form completed for each maltreatment report. The forms are entered into a state Child Abuse and Neglect (CAN) database from which NCANDS data is derived. Maltreatment data from WiSACWIS is currently being entered in the CAN database for NCANDS reporting purposes until WiSACWIS rollout is complete. Wisconsin currently submits only the State Summary Component (SDC) data for NCANDS. DCFS will develop the detailed NCANDS Child File with child-specific information and begin submitting NCANDS Child Files once WiSACWIS implementation is completed.

## WiSACWIS Development and Implementation

The initial leadership and planning for WiSACWIS began in 1995 and state funding for system implementation was provided in the Wisconsin 1999-2001 biennial budget. The enabling legislation requires that DCFS implement WiSACWIS in all 72 Wisconsin counties by July 1, 2005. DCFS chose American Management Systems (AMS) to be its partner in transferring the AMS Baseline SACWIS system from New Mexico and modifying the system to meet the needs of Wisconsin's child welfare program.

The WiSACWIS project is being completed in phases:

- Phase I of the WiSACWIS project, implementing full SACWIS functionality in Milwaukee County and for the Special Needs Adoption Program, was completed in December 2000.
- Phase II of the WiSACWIS project, statewide implementation to the remaining 71 counties, began in October 2001 and will be completed by June 2004. Additional functionality to meet specific county needs, support new program policy and effective workload management, and ensure accurate data reporting is also included in Phase II.
- Phase III is the conversion of the WiSACWIS application from a client server application to a full Internet/Web application. The Phase III conversion to web-based browser access to WiSACWIS will be completed by December 2003.

The WiSACWIS application provides integrated case management functionality to local child welfare agency end-users. The application supports the case management and monitoring of child welfare services including initial assessment, family reunification and support services, foster care and adoption assistance, case plan and progress plan development, and permanency planning while interfacing with other State and County systems. The system provides:

- Support for court processing by creating reports and legal notices.
- Support for resource management by storing and providing easy access to providers, relevant services, matching, and availability.
- Required federal reporting data and local management utilization reports.
- Statewide information for program services and Title IV-E and Medicaid eligibility, by enabling workers to track clients from one county to another county.
- Support for local financial processing by calculating provider payment data.
- A data exchange interface to local accounting or payment systems.
- County data extracts process to populate local reporting systems and includes the capacity for agencies to generate ad hoc reports.
- A common file format for feeding data to local case management systems.
- An interface allowing a county common intake system to register clients, create common demographic data, and create/assign a pending case intake in WiSACWIS. This interface eliminates redundant entry of demographic data by county staff.
- Interface with information in the child support collection system (KIDS) and the Medicaid client and provider processing system (MMIS)
- Statewide communication among child welfare workers via E-mail and incorporates word processing, scheduling, and tickler features to help workers manage their work and caseloads.

## Program and Practice Issues

WiSACWIS implementation at the county level includes cross-functional implementation teams from the Counties, the State, and AMS to provide expertise as necessary for a successful transition. A joint planning process is used by the Project and County Implementation Teams throughout the implementation in each county. Implementation planning starts eight months in advance of the implementation, with detail technical implementation beginning four months in advance.

Initial training for county agency staff and other local system users is accomplished using computer-based training (CBT) modules. On-site support is provided after implementation and counties develop local WiSACWIS experts to serve as resources for other staff.

DCFS has produced child welfare outcome reports for counties mirroring the federal performance measures. Permanency outcome reports have been produced using HSRs CSC data beginning with CY 1997 data. Both safety and permanency outcome reports have been produced using WiSACWIS data for those counties and the Adoption program, beginning with CY 2001 data. The WiSACWIS outcome reports are available on demand to counties through the WiSACWIS report listing.

The child safety data available for the CSFR is limited, due to the lack of child-specific information from the CFS-40 forms used by counties prior to implementing WiSACWIS. It is not possible to determine recurrence of maltreatment using CFS-40 data and the CFS-40 data is of limited usefulness in determining maltreatment of children while in out-of-home care. WiSACWIS provides child specific data that can be used for the federal safety performance standards, but there is very limited WiSACWIS data available at this point. Milwaukee County began using the maltreatment reporting features in WiSACWIS in December 2000, so CY 2001 is the first year of safety data from WiSACWIS for Milwaukee County.

To determine state performance on the federal safety standards, DCFS conducted a survey of counties to get information on recurrence of a sample of substantiated maltreatment cases in 2001 as reported on CFS-40 forms. DCFS worked with the National Resource Center for Information Technology in Child Welfare (NRC-ITCW) to develop a survey plan. The survey was conducted in October 2002 and an estimated rate for recurrence of maltreatment in CY 2001 was developed using the survey results. Additional information was collected from county agencies that reported substantiated maltreatment of children by foster parents or residential facility staff to estimate the rate of maltreatment of children in out-of-home care for CY 2001.

Development of the detailed NCANDS Child File from WiSACWIS will begin in Calendar Year (CY) 2004. NCANDS SDC reports will be submitted for CY 2002 and for Federal Fiscal Year (FFY) 2003 (NCANDS will convert from a CY period to a FFY period for FFY 2003). A test Child File will be submitted in FFY 2004 along with the SDC report. The complete Child File will be submitted beginning in FFY 2005.

## Program Implications and Analysis

Until statewide implementation of WiSACWIS is completed, further surveys and information collection will be necessary to estimate the rates of recurrence of maltreatment and maltreatment

in out-of-home care. Complete statewide safety data from WiSACWIS will not be available until FFY 2005, when the first NCANDS Child File will be submitted.

HSRS CRC reporting is placement driven, so the CSC data tends to overstate the number of placement episodes for children. WiSACWIS captures information over the life of the child welfare case, with more capacity to identify episodes of care. WiSACWIS captures information on a broader range of placements and services, making it more challenging to determine what placements should be included in AFCARS reporting. For example, WiSACWIS can be used to track trial home visits and stays in detention facilities.

The statewide implementation of the WiSACWIS system is taking four years to complete. Milwaukee County came up in two phases in March and December of 2000 and the last group of counties will implement WiSACWIS in June 2004. The difficulties of blending HSRS CSC and WiSACWIS data over the four-year transition period will make it more challenging to measure statewide performance.

Wisconsin has historically had several AFCARS data elements exceed the federal threshold for AFCARS reporting errors. With HSRS CSC data, timeliness of data entry by counties has been an issue. With WiSACWIS, incomplete information for cases converted to the system and counties going through their “learning curve” with the new system will increase AFCARS data quality problems in the short term.

Some counties are making inconsistent use of the WiSACWIS system after implementation. While some features are optional, such as functionality to support juvenile justice cases, there is variation among counties in how they are using mandatory features of the system. DCFS is beginning to monitor county utilization of the system and will work with counties to make the system and related procedures user-friendly, understandable, efficient and as effective as possible.

WiSACWIS training resources are currently focused on initial implementation of the system. To address ongoing training needs for new workers and provide specialized or refresher training for existing workers, DCFS needs to provide ongoing WiSACWIS training. More generally, the State will collaborate with counties to optimize the use of automated systems to support line workers, supervisors and managers in county child welfare programs to do their jobs as well as possible and use all available resources cost-effectively.

## **B. Case Review System**

- 1. How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?*

### General Overview

Wisconsin has a comprehensive case review system in place to review the permanency goals and case plans for children in out-of-home care. Key aspects of child welfare case planning and review within Wisconsin's child welfare program include the following factors:

- Development and implementation of case plans and progress evaluations with families and key collateral contacts to the family system, and;
- Use of the case plan and results of subsequent progress evaluations as a basis for conducting permanency plan reviews, assessing ASFA considerations and requirements, and modifying the permanency goal, as necessary.

Case planning and permanency planning for all children placed in out-of-home care are critical factors in assuring that appropriate services are considered and subsequently provided to children and their families. The case plan identifies specific goals and objectives, describes the services or resources needed to achieve those goals and objectives, and defines family and provider responsibilities in the case planning process. Based on progress toward achieving the goals and objectives identified in the case plan, the permanency plan identifies the permanency goal and actions necessary to achieve the goal.

Case plans and permanency plans are required in Wisconsin by both statute and Departmental standards. The Department is in the final stages of promulgating an administrative rule that will provide increased specificity to both the content of permanency plans and process utilized in developing and reviewing those plans. All of the federally required content for the permanency plan has been incorporated into state statute and will be reiterated in the administrative rule.

Case plans are reviewed internally within the child welfare or juvenile justice agency and permanency plans are reviewed no less frequently than every six months by an administrative review panel appointed by the court or by the court itself. The decision to use administrative review panels or court reviews made by the circuit court judge or judges is determined at the county level. Most counties in Wisconsin use administrative panels for six-month reviews. Annual court reviews of permanency plans are required by state statute.

### Program and Practice Issues

Case plans and permanency plans are designed to identify conditions for return of the child to his or her family or the achievement of another permanent placement. Case plans also describe conditions that the family must meet subsequent to reunification in order to assure the ongoing safety of the child. Wisconsin has been a leader nationally in the development and implementation of the concept of safety as a primary measurement of well-being and it is included as a factor in all aspects of case assessment, planning and decision making.

Permanency plans for children include a comprehensive description of the overall functioning and needs of the entire family and the services that are designed to meet those needs. The primary consideration for safety or other well being of the child can be isolated to meet the needs or conditions of an individual family member. In this context, Wisconsin emphasizes, in a hierarchical order, the use of family-managed safety plans before consideration will be given to agency-managed safety plans or removal of a child from his or her home. The family is considered the “client” rather than any one member of the family.

The issuance of the Ongoing Services Standards and Practice Guidelines in May 2002 provides a uniform approach to assure that all county child welfare case managers conduct timely family assessments, case plans, safety assessments and case reviews for all children and families who enter the system. Coupled with the previously issued CPS Investigation Standards, the Ongoing Services Standards and Practice Guidelines are designed to cover the life of a case from the time that a child protective services investigation is initiated through the closing of the ongoing services case.

DCFS is working with representatives of the Office of State Courts, Milwaukee County Children’s Court, and other key legal stakeholders to support continued cross-system coordination in support of the state’s permanency planning review responsibilities and compliance with the ASFA. Efforts have focused on the identification and development of strategies to address concerns regarding the availability of resources within and differences in legal interpretation among Wisconsin county judiciary regarding the implementation of the ASFA requirements. Additionally, the DCFS is collaborating with the Child Welfare Training Partnerships to implement training for Wisconsin child welfare staff and attorneys. The training has been developed in conjunction with the University of Southern Maine, Muskie Institute as part of a nationwide pilot on ASFA training.

DCFS has provided instructions to county agencies through the numbered memo process regarding compliance with the requirement under the Adoption and Safe Families Act (ASFA) to pursue termination of parental rights (TPR) for children who have been in out-of-home care for 15 of the most recent 22 months. Quarterly reports are sent out to county agencies identifying children in care for 15 months or more and children approaching the 15<sup>th</sup> month so that counties can pursue TPR in a timely manner or document exceptions to the TPR requirement.

WiSACWIS has been developed with a comprehensive “tickler” system designed to assure the timely development, supervisory approval and review of case plans and permanency plans. Templates have been developed to ensure consistent contents for case plans and permanency plans. Quality assurance reviews are conducted by the Department to ensure that annual court reviews of permanency plans occur on a timely basis.

### Program Implications and Analysis

Wisconsin Act 109 was enacted in July 2002 and established new reference dates for case planning and court reviews. Act 109 made modifications to Chapters 48 and 938 to replace annual extensions of dispositional orders and also established state statutory direction for making judicial findings regarding reasonable efforts to finalize the permanency plan for children.

Under long standing state law, permanency plans must be reviewed at six-month intervals and annually by the court. Act 109 represents a significant change in how case reviews are conducted. The schedule for reviews is based on the date of entry to care, rather than the date of the dispositional order. Administrative or court commissioner reviews are conducted at alternate 6-month intervals (month 6, 18, etc.) At 12-month intervals based on the date of entry, courts hold permanency hearings to assure that reasonable efforts are being made to finalize permanency plans and achieve permanency for children. Previously, the annual court reviews were conducted as part of extending dispositional orders. New model court forms were issued in Fall 2002 for making court findings under Act 109, including reasonable efforts to finalize the permanency plan.

The consistency of family assessments and case plan development varies across counties, with some case plans more related to court orders than documents used to serve the family. Some variation is attributable to Wisconsin being a county administered state. Implementation of the CPS Ongoing Services Standards and Practice Guidelines, the Wisconsin Model, and the WiSACWIS system is leading to more consistent family assessment and case planning. The CPS Ongoing Services Standards and Practice Guidelines describe what is in the Wisconsin Model. As counties learn the Wisconsin Model and implement WiSACWIS, greater consistency will be achieved in terms of case plan documentation.

Establishment of program standards and procedures supports improved practice. For example, the Wisconsin Model is designed to improve practice that includes family-centered, strengths/risk assessment, establishing safe environments, and individualized to family needs. Effective use of the WiSACWIS system supports implementation of the Wisconsin Model through improved documentation of family needs and case plans. More fundamentally, the challenge to move new standards and systems in practice requires a significant commitment to a range of quality improvement strategies through collaboration with counties and the State, with support and involvement of all key stakeholders.

It is essential to place the case planning improvement process in the context of high standards and goals for improving key outcomes for children, and the reality of current program conditions which inform the strategy for change. This requires attention to key outcome goals, all available resources and means of optimizing their use, current service system strengths, and key opportunities for improvement in practice particularly around core factors involved in removing and reunifying children with their families.

The development, review and implementation of case and permanency planning processes can be improved in the following ways:

- Support for individual counties and multi-county groups to conduct quality improvement projects and other forms of assessment, in which county staff and other key stakeholders determine how to implement improved case assessment and case planning at the local level.
- State leadership in cooperation with federal, foundation and other potential funding sources to offer counties resources and incentives to assure line workers have the conditions and tools to do their work successfully. For example, this may include system change mini-grants, training, technical assistance, and expert or peer consultation.
- Ongoing communication with judges on the need for and purpose of appropriate levels of detail in both court reports and permanency plans.

- Strategies to assure the right services are available for families to meet the conditions imposed by the court and necessary for the successful implementation of goals for the family. Recognizing that conditions vary around the state, strategies are needed to increase the availability of appropriate and effective services, better integrate service delivery across multiple systems including both formal and informal supports, and make optimum use of available resources.
  - Development of a uniform curriculum for training citizen members of administrative review panels and providing ongoing support to administrative review panels to conduct effective permanency plan reviews.
  - Training for child welfare staff on the concepts of risk and safety in the context of family-managed safety plans and the need for agency intervention from in-home services to out-of-home care
2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

### General Overview

Case planning and evaluation responsibilities for children and families served by the child welfare system are supported in a variety of ways. Good case practice is based on caseworkers establishing a helping relationship with families. The quality of this helping relationship is supported through effective staff supervision and training, adequate agency resources and community services, and clear and supportive policy and practice direction. Through state policy, standards and statutes and local policy and procedures, the case planning and evaluation process serves as the basis for critical case decision-making. Effective case planning and court review supports sound permanency planning in child placement cases.

For Wisconsin families in which children are identified to be unsafe, the Ongoing Service Standards and Practice Guidelines for the delivery of ongoing case management services prescribe agency responsibilities for case assessment, case planning and case evaluation. Under the Ongoing Service standards, child welfare staff are required to involve the family in the development, implementation and evaluation of the case plan by meeting in the family home and other locations accessible to family members. This expectation is based on the importance of the helping relationship between the family and the agency staff, supported by an approach that recognizes family strengths and needs and the family's perception of their needs and goals. At the conclusion of the case assessment and planning process, goals and objectives to address child safety concerns are described, service needs are identified, roles and responsibilities are defined, and timeframes for implementation of the case plan are established.

Agency staff are responsible for reviewing the case plan with the family and having family members sign the case plan. The full case plan is due within 60 days of the family's assignment for ongoing services with a local child welfare agency. Following the implementation of the

case plan, agency staff are responsible for the ongoing evaluation of the progress with the family and service providers and documenting the results of this evaluation every six (6) months.

### Program and Practice Issues

Local child welfare agencies are responsible for the development of procedures and other agency guidance to ensure the full implementation of the Ongoing Service standards. In addition, local agencies may use standardized assessment and decision-making tools to further guide interventions with children and families and may employ other supportive service approaches to effective interventions. In cooperation with counties, DCFS developed a guide for implementation of the Ongoing Service standards and Department Area Administrative staff continue to work with counties in determining the need for local procedures to necessary to fully implement the practice standards.

Documentation of case planning responsibilities is being standardized as part of the WiSACWIS system through the use of statewide case assessment, case planning and case progress evaluation templates (forms). Many counties, throughout the state are using the standard templates in their practice in advance of WiSACWIS implementation.

Families are often involved in multiple human service programs and coordination of services across programs is important to the success of child welfare services. DCFS is promoting the use of Coordinated Service Teams by working in collaboration with the Department's Division of Disabilities and Elder Services (DDES) and providing several counties with grants to pilot this service delivery model.

### Program Implications and Analysis

To effectively achieve reunification, case planning needs to look beyond permanency goal achievement and address service needs upon reunification. Case plans should address the services and supports that are needed to ensure that family can manage the issues which led to the removal of the children of the children.

Training has been provided to county agencies supporting family involvement as the most effective approach in working with families. However, engagement of families is not consistent across counties. Reasons given by counties include: lack of time to engage families, a belief that family engagement is "therapy" and not the role of CPS and a belief that CPS families are not sufficiently "motivated" to become involved. State and county leaders will further assess what is the best strategy to overcome the perceived and real barriers to effective family involvement and to design service approaches, policies and practices that work. Further training may be helpful to develop caseworker skills to effectively engage families.

DCFS is in the process of developing a permanency plan administrative rule, known as HFS 44, that will provide further direction to county agencies in developing permanency plans and conducting case reviews. The proposed HFS 44 covers a number of issues regarding reasonable efforts and permanency planning. The rule deals with procedures for conducting permanency plan reviews, standards for reasonable efforts to prevent placement and to achieve the

permanence goal, the format of permanency plans and plan review reports, and standards and guidelines for decisions regarding the placement of children

The Ongoing Service Standards and Practice Guidelines apply to child protective services cases. The Ongoing Service standards do not apply to juvenile justice cases, as DCFS does not have authority over Chapter 938, the Juvenile Code. The HFS 44 permanency planning administrative rule will apply to juvenile justice cases also.

The ability of child welfare staff to do effective case planning, include actively involving families in their case plan, is dependent on caseload size and supervisory to staff ratios. Counties with higher staff caseloads and higher supervisory to staff ratios have less capacity to do effective case plans and case progress evaluations. Caseload mix also affects case practice, and caseload weighting approaches can be used to balance the complexity or intensity of cases across workers. This is a fundamental challenge because of the funding and staffing levels available in many counties. The State and counties are committed to re-examining their funding partnership and working to find ways to re-deploy funds from lower priority or less efficient uses to higher priority, more cost-efficient uses.

3. ***Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.***

### General Overview

Title IV-E of the Social Security Act requires that the status of each child be reviewed periodically but no less frequently than once every six months by either a court or by administrative review. In Wisconsin, six-month reviews of permanency plans are generally conducted by administrative review panels and 12-month reviews are conducted by circuit court judges. The administrative review panel case reviews alternate with the annual permanency plan hearing conducted by the court.

The Children's Code and Juvenile Justice Code requires that the court or a three-person panel approved by the court review the permanency plan no later than six months after the date on which the child was first removed from his or her home and every six months after a previous review for as long as the child is placed outside the home.

In Milwaukee, court commissioners are used to conduct all six-month permanency plan reviews. The Bureau of Milwaukee Child Welfare and Milwaukee County Children's Court have adopted the practice of using circuit court commissioners to conduct permanency plan reviews to ensure timely reviews. The court commissioners do not conduct reviews for cases that are pending before the court.

### Program and Practice Issues

2001 Wisconsin Act 109 (Act 109) made significant changes to the Children's Code and Juvenile Justice Code regarding case reviews. The changes include establishing new timeframes for conducting the review of the permanency plan once every six months that more closely mirrors the current Title IV-E requirements.

Training, regarding the amendments included in Act 109, has been provided to child welfare and key children's court staff. This includes county child protective services and juvenile justice supervisors and directors, state child welfare and juvenile justice policy staff, state adoption staff, juvenile court intake workers, private contract agency staff, judges, court commissioners, juvenile court clerks, district court administrators, district attorneys, corporation counsel attorneys, and private bar attorneys.

#### Program Implications and Analysis

Although training on Act 109 has been provided to child welfare professionals and other key stakeholders, county agencies are struggling with how to improve their case review systems. Family involvement in the case review process is limited, particularly in counties where staff have higher caseloads.

A new tickler approach was implemented in the February 2003 release of WiSACWIS to facilitate timely case reviews. These ticklers will help ensure that staff complete their case progress evaluations and permanency plans in a timely manner.

State monitoring of the county case review process is needed to identify problem areas and assist counties to develop strategies to improve the effectiveness of case reviews.

4. ***Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.***

#### General Overview

Title IV-E of the Social Security Act requires that each child in foster care under the supervision of the State be provided the procedural safeguard of a permanency hearing. The hearings must be held in a court of competent jurisdiction or by an administrative body approved by the court no later than 12 months after the date the child is considered to have entered foster care and not less frequently than every 12 months thereafter during the continuation of foster care.

The Children's Code and Juvenile Justice Code were amended by 2001 Wisconsin Act 109 (Act 109) to require that the court hold a permanency plan hearing to review the permanency plan no later than 12 months after the date on which the child was first removed from the home and every 12 months after a previous permanency plan hearing.

#### Program and Practice Issues

State law provides specific time lines for a variety of judicial activities, including making initial contrary to welfare findings, making reasonable efforts findings, reviewing permanency plans and conducting permanency hearings, extending dispositional orders, etc. Meeting the time frames requires close collaboration between the child welfare agency and the court so that these dates are not lost and findings are made within those timeframes in compliance with Title IV-E requirements. Meeting the timeframes is also essential to maintain IV-E eligibility of children

and reimbursability for maintenance costs of children in care. Changes have been made to the Children's Code, Chapter 48, to facilitate this scheduling, but close communication remains very important.

Act 109 made significant changes to the Children's Code and Juvenile Justice Code, including establishing a permanency plan hearing, previously known as the annual extension hearing. To implement this statutory change, extensive statewide trainings have been provided to child welfare professionals and other key stakeholders. County child welfare agencies are in the process of streamlining their case review system to reflect the new timeline requirements for permanency plan reviews and permanency plan hearings.

Model court forms were amended and released during fall 2002 to reflect the Act 109 requirements. The Wisconsin Juvenile Benchbook has been updated to support judicial operations that are reflective of the Act 109 changes.

### Program Implications and Analysis

Act 109 created the first state statutory requirement for an annual permanency plan hearing. Although training on Act 109 has been conducted statewide, consensus is still developing for how the new permanency plan hearing should be conducted by courts. New court forms, revised bench books and training are helping to achieve consensus among courts. Act 109 has raised new issues of law and until there are statutory clarifications or appellate decisions to guide application of the law, inconsistencies may continue to occur. Further evaluation of Act 109 implementation is needed and DCFS will work with the Director of State Courts Office to identify implementation issues.

Because a permanency plan review must be conducted once every six months and the permanency plan hearing by the court must be conducted once every 12 months, there may be timing issues if a review/hearing deadline is missed. Act 109 establishes the date of entry to care as the point of reference for scheduling reviews.

To ensure timely court hearings, it is critical that the child welfare agency submit a permanency plan hearing request form approximately 60 days prior to the hearing due date. This timeframe is necessary for the court to meet notice requirements. Requesting hearings 60 days in advance is a significant change in practice for many counties.

5. ***Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, preadoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.***

### General Overview

Title IV-E of the Social Security Act requires that the foster parents (if any) of a child and any preadoptive parent or relative providing care for the child are provided with notice of, and an opportunity to be heard in any review or hearing to be held with respect to the child. While the foster parent, preadoptive parent or relative must be informed of hearings, the foster parent,

preadoptive parent or relative shall not be construed to be made a party to such a review or hearing solely on the basis of such notice and opportunity to be heard. The opportunity to be heard can include several ways to provide input on case reviews and does not require an appearance at the review or hearing.

The Children's Code and the Juvenile Justice Code mandates that at least 10 days before the date of a hearing, the court shall notify a foster parent, treatment foster parent or other physical custodian and give them an opportunity to be heard at the specified hearing. Under state statute, a foster parent, treatment foster parent or other physical custodian does not become a party to the proceeding on which the hearing is held solely on the basis of receiving that notice and opportunity to be heard.

### Program and Practice Issues

The participation of the placement provider in the case review process is critical to effective case planning and permanency plan reviews. Permanency plan administrative review panels and court commissioners conducting permanency plan reviews are encouraged to seek information from placement providers to better understand child needs and family progress in meeting conditions ordered by the court.

If the notice requirement is not met and placement provider is not given an opportunity to be heard, the permanency plan review or permanency plan hearing has to be rescheduled to provide such an opportunity. Making certain that placement providers receive proper notification is essential to avoid delays in conducting reviews and hearings.

### Program Implications and Analysis

While foster parents are notified of permanency plan reviews and hearings, current Wisconsin statutes do not allow for foster parents to receive a copy of the foster child's permanency plan. Efforts are currently underway to remedy this through proposed legislative changes.

Wisconsin does not have a comprehensive quality assurance system that looks at the case review process. Without a quality assurance mechanism to review that foster parents receive timely notice, it is uncertain if notices are being done properly and timely. Case records could be reviewed or interviews conducted with foster parents, birth families or agency staff to determine if involvement of foster parents in permanency review hearings has a positive impact on outcomes for children in out-of-home care.

## C. Quality Assurance System

1. *Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

### General Overview

Wisconsin has developed and implemented an array of standards and guidelines in an effort to promote statewide consistency of practice within the child protective services system. These standards and guidelines reflect requirements of state and federal law, as well as the basic tenets of safety, permanency and well being.

The Child Protective Service (CPS) Investigation Standards became effective in September 1994, as authorized in S. 48.981 (3)(c). These standards provided county agencies with specific direction in conducting child abuse and neglect investigations. Embodied in these standards is the belief that all children deserve safety and a basic level of care. Child welfare agencies have a responsibility to conduct thorough assessments in response to reports that the needs of children are not being met.

The CPS Investigation Standards outline the role of the CPS worker in familial and non-familial cases of maltreatment and are divided into three major categories:

- 1) Primary Caregivers. This includes parents, foster parents, close relatives and people who share the child's home.
- 2) Secondary Caregivers. This includes individuals who care for or supervise the child in the parent's absence (formally or informally) and more distant relatives.
- 3) Non-Caregivers. This includes adults or children who never have had a supervisory responsibility for the child.

The Ongoing Services Standards and Practice Guidelines for Child Protective Services were issued in May 2002. Coupled with the already existing CPS Investigation Standards, the CPS Ongoing Service Standards and Practice Guidelines cover all aspects of child protective services. The standards in this document reflect the requirements of state and federal law. The guidelines are intended to identify good practice in the ongoing case process and to provide an increased focus on the issue of risk-reduction and the establishment of a safe environment, thereby promoting timely and effective case management.

The proposed permanency planning administrative rule, HFS 44 covers a number of issues regarding reasonable efforts and permanency planning. The rule deals with procedures for conducting permanency plan reviews, standards for reasonable efforts to prevent placement and to achieve the permanence goal, the format of permanency plans and plan review reports, and standards and guidelines for decisions regarding the placement of children. The rule in draft form has been extensively reviewed by counties and is close to being ready to submit for formal consideration by the Legislature through the rule promulgation process. Once promulgated, DCFS will provide training and technical assistance to counties to implement the rule.

The Division of Juvenile Corrections in the Department of Corrections, which has responsibility for the Juvenile Code Chapter 938, is working collaboratively with DCFS to prepare for implementation of HFS 44 with juvenile justice cases subject to permanency planning requirements.

Wisconsin has standards for licensing care providers, including foster homes, treatment foster homes, group homes, and residential care centers. The implementation of these licensing standards is described under the systemic factor on licensing.

#### Program and Practice Issues:

Wisconsin's child welfare standards of practice, and in particular the Ongoing Services Standards and Practice Guidelines, are primarily based upon state and federal laws and reflect basic standards and practice guidelines for the performance of child welfare and other human services activities. In the current format, the Ongoing Service standards do not fully address reduction of risk in families or promote a timely and effective case management process.

The Ongoing Service Standards and Practice Guidelines are being issued in two phases:

- Phase 1: Standards and guidelines that relate only to CPS cases. The standards and guidelines relate to the everyday, case-specific activities of the ongoing services worker. The first phase of the Ongoing Service standards was issued in May 2002.
- Phase 2: Standards and guidelines which relate to CPS cases, other children in need of protection or services, juveniles in need of protection or services, and delinquency cases where children are in out-of-home care. The second phase will relate to both the everyday, case-specific activities of the caseworker and to the systemic functioning of agencies.

DCFS will work with counties to develop Phase II of the standards to deal with all types of cases (CPS, general child welfare, status offenders, and delinquents) resulting in out-of-home care placements. Phase II of the standards will deal with a variety of issues, perhaps most importantly the issue of the safety of children in out-of-home care. Other topics will relate to placement decisions, including placing child in another community or county, outside of the child's current school district, etc. These standards will be closely linked to the proposed HFS 44.

Once the proposed HFS 44 is promulgated, DCFS will develop a training curriculum which incorporates the content of this rule, the CPS Investigation Standards, and the Ongoing Service Standards and Practice Guidelines (Phases I and II). DCFS also plans to incorporate the content of a wide variety of Division Numbered Memos into this curriculum. This will assist county agencies and county social workers in understanding better how the system should flow and the various points at which decisions need to be made and what court actions may be necessary.

Implementation of WiSACWIS is enhancing the statewide implementation of standards and guidelines that focus on safety and permanency. Built into the case practice model within WiSACWIS are all the requirements of the CPS investigation and Ongoing Service standards. Additionally, statewide automation will further support quality assurance monitoring of compliance with Ongoing Service standards.

In conjunction with counties, a tool was developed to assist counties in determining compliance with the Ongoing Service standards for the provision of ongoing services to families. This tool was distributed statewide for voluntary use by counties, with technical assistance and support available from the DCFS central office, the Area Administration regional offices, and the University of Wisconsin Child Welfare Training Partnerships. A description of the Child Welfare Training Partnerships is provided in the response to II. D. 1.

### Program Implications and Analysis

The county administered structure of the Wisconsin child welfare system complicates monitoring for statewide consistency in the implementation of child welfare program standards. State monitoring activities are often reactive rather than proactive in nature, without clear authority and staff resources for DCFS to conduct monitoring. At this time, DCFS relies upon Area Administration regional staff for this monitoring function, which has less capacity to review county programs that is desirable to ensure the consistent implementation of the Ongoing Service Standards, the forthcoming HFS 44 and other program standards.

The second phase of the Ongoing Service Standards will address risk and safety issues, including the ongoing analysis of safety throughout the life of the case. The second phase of the Ongoing Service Standards will also provide direction on the case review process for children in out-of-home care, for all types of placements.

A greater challenge is developing a mutual understanding with counties regarding the DCFS role in issuing program standards. While counties must comply with federal and state law, the role of DCFS in issuing standards to promote best practice is not uniformly accepted among counties. Also, since program standards may have workload implications for counties, the availability of adequate state funds to counties to support implementation of program standards is a concern.

Based on information from state-county consultation, quality improvement projects, and the quality assurance process, DCFS can work with the counties to identify strategies to address the challenges. Strategies may include working with the Training Partnerships to improve training, creation of new program policies, clarifying existing policies, revising state statutes, and methods of ongoing quality assurance and quality improvement.

2. ***Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.***

### General Overview

The child welfare system in Wisconsin is primarily a state-supervised, county-administered system with each county given the responsibility to provide child welfare services within the parameters of federal, state, and local law. The DCFS provides child welfare services in Milwaukee County through the Bureau of Milwaukee Child Welfare (BMCW) and provides

special needs adoption services through the Special Needs Adoption Program operated by the Bureau of Programs and Policies. The remaining seventy-one counties serves children and families through county human and social service departments. County child welfare agencies differ in their program administrative structure, staffing patterns, practice approaches, and resources to provide services.

Several program units throughout the DHFS carry out quality assurance efforts for the child welfare program in Milwaukee, the adoption program and with county agencies across the state. These program units include the following:

- Department Area Administration Regional Staff – The children's services specialists review local child welfare programs in their assigned regional area of the state. These staff monitors counties program performance, do on-site reviews, and respond to client and public complaints about local program services. These staff also meet regularly with county agency staff to address program policy and good practice issues.
- Bureau of Milwaukee Child Welfare (BMCW) Program Evaluation Managers (PEMs) – The PEM staff review the program performance of contracted service providers in the BMCW child welfare program, including safety, case management, adoption and licensing services. The PEM staff monitor agency performance and conduct regular on-site reviews.
- Bureau of Programs and Policies (BPP) Adoption Quality Assurance (QA) Specialists – The QA staff reviews the program performance of contracted service providers in the Special Needs Adoption Program.
- BPP Child Welfare Policy Section – The central office policy staff participate in quality assurance activities to provide policy expertise for program monitoring and agency review activities.
- DCFS Office of Policy, Evaluation, and Planning (OPEP)- The office coordinates quality assurance activities with the different DHFS units, including implementing quality assurance strategies and using program outcome data for program monitoring and contract management purposes.
- DHFS Office of Program Review and Audit (OPRA)– These staff perform in-depth program and fiscal audits of agencies receiving funds from the Department. DCFS uses this unit as needed to ensure accountability of agencies for child welfare funds.

With state and county government involved in child welfare services, quality assurance (QA) activities are conducted at both the state and local level. Quality assurance activities are used for program evaluation and quality improvement purposes. DHFS has responsibility for collecting and analyzing child welfare data, monitoring trends in service, and implementing statewide QA initiatives. County agencies have their own QA practices based on perceived need and/or local issues. State and local QA activities generally complement one another, although the areas of emphasis may differ.

Development of policy and procedure for quality assurance practice in child welfare is a shared state and county responsibility. DHFS develops broad approaches to quality assurance that are used with county agencies. State law, administrative rules and program standards serve as a foundation for policy and procedure in child welfare service. County agencies develop local policies and procedures to supplement state policy direction and to establish local direction in those areas with no state policy direction. State staff work with county agencies to develop local policies and implement local QA activities.

The BMCW PEM Unit is comprised of state employees who conduct QA activities and monitor compliance with BMCW contract requirements. The PEM unit staff is focused in either program or fiscal issues, with each BMCW site being assigned one of each PEM. The PEM unit also evaluates staff performance and effectiveness, recommends quality improvement and/or corrective action when necessary, and conducts regular and special reviews.

The BMCW PEM unit conducts QA activities on two levels. Private agencies that contract with BMCW are required to have internal QA procedures to ensure quality service provision according to contract standards. Contract agencies must also implement consumer satisfaction surveys. BMCW conducts QA reviews through the PEM unit. The QA reviews are conducted on a regular basis involving comprehensive reviews of individual cases at each of the BMCW sites and reviews of specialized programs or program functions.

Within BPP, the QA Specialists conduct monitoring activities for the special needs adoption program in the five adoption regions. The QA function seeks to implement strategies that assure integrated services with state adoption staff, partner agencies, and counties for program accountability and positive client and program outcomes.

### Program and Practice Issues

The combined activities of county child welfare programs contribute to the State's overall performance as a child welfare system. From a QA perspective, DCFS is challenged to monitor the number of counties/programs operating in the State. The DCFS approach to quality assurance, using primarily Area Administrative staff to conduct monitoring, has targeted particular indicators that become evident in practice or through the analysis of data.

Problems in child welfare practice come to the attention of DHFS via the county service agencies, dissatisfied consumers, and the periodic review of county performance data. Based on the nature of the concern, DHFS may conduct a review of a particular county or may develop a QA initiative to be implemented statewide. As new state standards are issued, DHFS initiates QA reviews in counties to assess progress in implementing the new standards.

DHFS has implemented a number of QA efforts related to child welfare practice. These include:

- Revised CPS Investigation Standards (for maltreatment by parents) implementation review in each county (CY 2000);
- County agency self-assessment process of child welfare practice (CY 2001);
- County agency reporting on children in (and approaching) out-of-home care for 15 of 22 months (CY 2001 & ongoing);
- CPS Ongoing Service Standards and Practice Guidelines implementation reviews and technical assistance (CY 2002); and
- Foster home licensing reviews in each county (CY 2002).
- A DCFS Numbered Memo was issued providing direction to counties on how to handle client complaints and grievances.

In addition to QA reviews for areas of practice, if a particular county agency develops a significant increase in consumer related complaints, a focused QA intervention may be taken

with the agency. The individual county is reviewed and follow-up may include subsequent contacts for many months following the initial review.

Demonstrating increased interest in the use of performance-based data, the DCFS has used outcome data to prepare counties for compliance with ASFA requirements and has focused attention on performance outcomes related to child welfare. As Wisconsin implements WiSACWIS statewide, more data is available and county agencies are using the information to monitor their local program outcomes. The implementation of the SACWIS system and a heightened focus on county performance issues is leading to increased analysis of outcome data.

Through program reviews and monitoring activities in Milwaukee, the BMCW PEMs identify areas for improvement and present their assessment results to administration. These reports are shared with staff and contract partners in order to initiate the development of a quality improvement plan. PEMs make recommendations for improvements to the BMCW sites and review whether the agreed upon changes are effective over a set period of time. The improvement plans tie BMCW outcomes with Federal outcomes.

The PEMs work closely with the Milwaukee Partnership Council, a multi-disciplinary group authorized by state statutes to advise and support the BMCW, and its individual members to ensure that consumer input is included within review processes. In addition, the DHFS Office of Program Review and Audit has conducted review processes including training and direction concerning the BMCW lawsuit and other QA issues.

Quality assurance is a key component of the BPP Special Needs Adoption Program and supports the identification and development of recommended strategies to improve special needs adoption services and track adoption outcomes. The four QA specialists have been trained in sampling, evaluating outcomes and writing surveys. They have produced reports on the yearly satisfaction surveys, the bi-annual survey of adoption outcomes for contract agency partners, and an analytical program progress report. The unit does analysis of the prospective child intake in the adoption regions to assess the need for reliance on contract agencies to complete adoptions.

The areas of current program development include monitoring inter-jurisdictional MEPA compliance, Title IV-E funding through permanency planning initiatives, the collection of data from counties on the Inter-Country Adoption Act of 2000, and adoptive parent recruitment efforts. The QA staff has developed tools to use in monitoring MEPA compliance and are looking at improvements in meeting permanency-planning requirements through the review process. The QA staff examine case planning, case reviews, recruitment and assessment of adoptive parents, training standards for prospective adoptive parents, review of adoption program standards and recommendations for revision, and the recommendation of strategies to meet the required timelines in ASFA.

### Program Implications and Analysis

In conducting QA initiatives with county agencies, DHFS has recognized variation in the practice and procedures used by counties to deliver child welfare services. This variance in practice and protocol among county agencies may lead to inconsistent compliance with federal and state requirements and variation in the quality of services. Statewide quality assurance and

quality improvement (QI) activities have been identified by the State, counties, and other stakeholders as an area to address in the state child welfare system.

A challenge for Wisconsin is implementing QA/QI strategies with county agencies as each agency presents its own set of strengths and limitations. Broad QA efforts are conducted with counties, but the state has yet to develop a coordinated, systematic approach to assessing the performance of individual county child welfare programs and supporting program improvement in collaboration with counties. This is perceived as a gap in the state's overall QA/QI process. Counties vary in the degree of program compliance and it is important for the state and local child welfare agencies to identify the degree to which these variations affect child safety, permanency and well being outcomes.

Another challenge is that the number of state staff to do child welfare quality assurance has been significantly reduced over the year. Central office program staff in the Bureau of Programs and Policies (BPP) has been reduced in half over the past 10 years versus prior staff levels. Very few staff are available to serve as child protective service specialists, out-of-home care specialists, and policy experts for other child welfare program areas. Given the responsibilities of this limited staff in terms of establishing policies, creating administrative rules, responding to county questions, developing training curricula, and responding to contacts from the public, there is very little opportunity for central office staff to become involved in county agency monitoring. Regional office staff have also been reduced, with fewer regional offices and the remaining staff covering child welfare program issues covering more counties. Reductions in regional staff have resulted in lesser capacity to conduct monitoring and provide technical assistance to counties.

To improve QA/QI with county agencies, DHFS needs to develop a systematic approach to be implemented statewide. The approach would include analysis of specific county performance data and a joint DHFS-county approach to developing a QA/QI process. This effort would complement the broad QA approaches now in progress and help county agencies address their unique local needs.

The statewide monitoring process should include overall evaluation of county agency performance and reviews of child welfare cases. The case reviews could be conducted using a format similar to the federal CFSR case review instrument, which involves interviews with case participants. Counties have expressed interest in using the CFSR format and some counties are exploring internal use of the CFSR case review tool.

Implementation of a statewide QA monitoring process with county agencies will require sufficient staff resources to conduct reviews. Conducting county reviews is staff-intensive, particularly if cases are reviewed. Peer reviewers from other counties could participate in the county reviews, although funds would be needed to cover their expenses. Resources will continue to be needed to investigate complaints from the public and egregious incidents.

Engaging counties in a process of local program improvement will require additional support to county agencies for quality improvement activities. Additional training may also be needed through the Child Welfare Training Partnerships to improve staff competencies. Quality assurance information can be used with the Training Partnerships to determine where comprehensive and uniform training is necessary.

A critical factor in an effective QA/QI system is empirical information to identify program trends and discrepancies in actual program outcomes versus expected outcomes. Technical reporting tools are currently being utilized and enhanced through the use of data generated in the WiSACWIS system. This will allow data collection, and analysis in many reporting areas to consistently occur across the entire state. The use of WiSACWIS data for program quality assurance should be enhanced. Program data should be widely distributed to child welfare program stakeholders to improve understanding of local program performance.

More comprehensive QA/QI strategies will also assist DCFS in identifying problem areas that can be resolved through the creation of new policies, clarifying existing policies, and revising statutes and policies.

## **D. Staff and Provider Training**

- 1. Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.*

### General Overview

The Wisconsin child welfare training system consists of agencies working collaboratively to define training needs and deliver training to staff primarily through regional training partnerships. The partner agencies include DCFS, county and tribal child welfare agencies, and University of Wisconsin (UW) campuses at Green Bay, Madison, Milwaukee and River Falls. The State Child Welfare Training Council, which includes representatives of the partner agencies, oversees the statewide child welfare training system and establishes statewide training policies.

Training provided to staff is family centered, child focused, strength-based, culturally responsive and designed to improve child welfare practice and supervision throughout Wisconsin. Training activities are integrated with educational and organizational improvement strategies to promote excellence in the child welfare program. Staff training includes core competencies in the areas of safety, permanency and well being and specialized training on advanced practice topics. Core and specialized training is available to meet both initial and ongoing training needs, and agencies work with the training partnerships to do individualized training needs assessments for staff.

Training is provided to professional and paraprofessional staff throughout the State at regional and local agency levels. The training programs are operated by government agencies and educational institutions, consistent with the goals and objectives of Wisconsin's Title IV-B and IV-E state plans.

State law requires that all staff members and supervisors whose responsibilities include investigation or treatment of child abuse and neglect successfully complete training in child abuse and neglect protective services approved by DHFS. Generally, the four Child Welfare Training Partnerships offer this training. Local agencies participate in the regional training partnerships and endorse common Core curriculums for child welfare workers and supervisors. Upon completion of the Core curriculum, workers receive certification for achieving the critical competencies for child welfare practice. State law requires that all workers responsible for juvenile court intake complete training in juvenile court intake procedures.

Local agencies establish their own requirements for staff employment and initial and ongoing training. For agencies requiring social worker certification for staff, social workers must be certified by the Wisconsin Department of Regulation and Licensing. Social worker staff must obtain continuing education to maintain their certification.

## Program and Practice Issues

The regional training partnerships include all counties and most of the tribal child welfare programs in the state. In addition BMCW and the state Adoption Program participate in the training partnerships. The partner agencies contribute financially to the training partnerships and DCFS passing through federal Title IV-E and other funds to support training operations. Each of the training partnerships is sponsored by a UW campus, with the University playing an active role in supporting the partnerships.

Each training partnership has a local steering committee consisting of member agency directors and DHFS Area Administration to establish local training policies and priorities for staff training. Each partnership also has a local training advisory committee consisting of child welfare supervisors to identify training needs and establish training schedules for Core courses and specialized training courses. Courses are offered at several locations within each region and the partnerships collaborate to make courses available across regions. Training courses are evaluated to provide feedback on curriculum and delivery methods and the evaluation results are discussed with the local steering committees. The training partnerships are currently developing the capacity to deliver training through video conferencing and web-based training methods.

The State Child Welfare Training Council establishes state training policies that are implemented by the regional training partnerships. The Curriculum Committee of the Council is responsible for developing and updating statewide training curriculum. The Evaluation Committee of the Council reviews the regional training evaluation results.

A Training Strategic Plan was completed by the Council in July 2002 and is being used by the training partnerships to develop their local training action plans. The Training Strategic Plan was developed by the Council based on input from local agencies over a two-year period and will be periodically updated by the Council.

DCFS works with the Curriculum Committee to update Core curriculum to reflect federal and state policy and to develop specialized training on advanced practice topics. For example, in late 2002 and early 2003 the training partnerships offered specialized training on the Wisconsin Model for assessment of child maltreatment and key practice aspects of ASFA for child welfare supervisors and case workers.

DCFS provides training and technical assistance to local agencies through specialized training delivered through the training partnerships and directly by DCFS staff. DCFS also provides training to local agencies on the WiSACWIS system, including web-based training methods. Finally, DCFS provides an annual two-day, statewide conference for child welfare program staff.

Several local agencies, including the BMCW, operate internal staff development units that provide training on agency policy and procedure for staff. Many local agencies use experienced staff as mentors for new staff.

DCFS contracts with the UW Madison and Milwaukee to support Master of Social Work (MSW) degree programs and with UW Green Bay to support a Bachelor of Social Work (BSW) degree program. DCFS provides federal Title IV-E funds on a pass-through basis to each of these universities to provide stipends for students to work in public child welfare. The Universities

work with local agencies to determine employment needs and prepare students for placement with agencies. Approximately 25 - 30 students annually receive their MSW degrees through the IV-E training programs and find employment in the public child welfare field. UW Green Bay and Oshkosh are developing a joint MSW program that will be supported using Title IV-E funds beginning in July 2003.

DCFS contracts with UW Milwaukee Youth Learning Center to train group home and residential care center workers who provide supervision and case management for foster youth placed in those facilities. DCFS provides federal Title IV-E funds on a pass-through basis to the University to support training facility workers statewide. The University works with facility operators to determine training needs and establish training schedules.

### Program Implications and Analysis

The four regional training partnerships are at different points in their development, with the Northeast Wisconsin (NEW) Partnership being in existence the longest. Counties vary in the extent that their existing staff has completed the Core curriculum and the time frames for new staff to complete the curriculum. Depending on the needs of local agencies, some partnerships concentrate more on Core courses while other partnerships offer more advanced practice and specialized training. The training system can play a key role in improving child welfare staff skills statewide, with training strategies that can be customized on a regional basis and even at the individual county level.

DCFS and the regional training partnerships are working on developing a comprehensive approach to evaluating the impact of training. Evaluation efforts are currently focused on the training courses. The Evaluation Committee of the Training Council is developing evaluation strategies to measure long term impact of training on case practice, including working with new National Resource Center on Child Welfare Training and Evaluation at the University of Louisville.

A constraint on the child welfare training system is the limited state funds available to support further growth of the training system and the dependence of the training partnerships on federal IV-E funds. The current funding sources limit the scope of training provided through the training partnerships and the type of staff who can be trained. Diversifying the funding structure for the training system would allow a more flexible response to meeting training needs and more cross training with other service delivery systems. The State will assess the need for more training resources in the context of determining the best mix of strategies to achieve improved child welfare program outcomes given the current and potential resources available.

2. ***Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.***

## General Overview

Foster and adoptive parents need training to prepare them for caring for foster children who frequently have special needs. County agencies and BMCW typically provide foster parent training for the foster parents licensed by county agencies. Adoptive parents often begin as foster parents and receive additional training through the Special Needs Adoption Program. Emphasis is being placed on providers completing comprehensive pre-service training.

The educational services curricula utilized in the training offered to foster and adoptive parents and providers reflects the mission, vision and philosophy of DCFS and county child welfare programs. The curriculum emphasizes:

- Child safety.
- Family functioning, including the concepts underlying family support and preservation.
- Fostering partnerships between foster families and birth families.
- Permanency planning, with an emphasis on the preferred goal of family reunification.
- The need of children for stability and security.

The training methodologies and formats utilized include the following: face-to-face consultation with other involved professionals, video and audio tape presentations, support groups, adult education courses provided by educational institutions, availability of books and periodicals, television/radio presentations and mentor family consultations.

The training curricula were developed utilizing two models. The first model includes basic educational services, core competencies and information needed by all foster parents in the provision of care and maintenance to foster children. The basic educational services include topics such as working with birth parents, separation and loss, permanency planning, child development, behavior management, visitation, and cultural diversity. The second model includes advanced or specialized educational services to improve provider competencies and knowledge. The focus is on identified needs of foster and adoptive parents, based both on areas where they have little knowledge or experience and on the more specific needs of the children for whom they will be providing care and maintenance.

Foster parents are involved in the development of the training curricula and the determination of methods for delivering training. Efforts are made to employ experienced and respected foster parents as co-presenters in the provision of educational services. Educational services are provided in a manner which ensures that they are reasonably accessible to foster parents regardless of abilities or disabilities, language, location or cultural background. Evaluation methodologies are utilized to allow participants in educational services sessions to provide feedback on the adequacy and appropriateness of the services, the utility of the services and ways in which the services might be improved.

Group homes and residential care centers (RCCs) provide training in accordance to the standards set for facilities based on staff position descriptions and training requirements. Treatment foster care agencies are responsible for providing training to treatment foster parents, who must meet state foster home licensing requirements. The training requirements for staff are specified in state licensing administrative rules.

## Program and Practice Issues

The BMCW Out-of-Home Care (OHC) provider program ensures that prior to the placement of children in a newly licensed foster home, foster parents have successfully completed the Pre-Placement education program. Foster families are required to complete 36 hours of core competency training, including families who have been identified as adoptive and foster/adoptive families. The Milwaukee Adoption program provides training for adoptive parents through the Special Needs Adoption Network. Foster parents who adopt are trained through an abbreviated version (16 hours) of the curriculum. The training mirrors the Core curriculum for social workers.

The participation in training by Milwaukee foster parents is maintained in the WiSACWIS system by the OHC program. The OHC program verifies with the applicant or newly licensed foster home of their participation in the training program and confirms participation with the training program.

In addition, all social workers employed by the BMCW OHC program to carry out the functions of recruitment, retention, licensing, support and placement participate in the training with the foster parents. Such participation in this cross-training model builds knowledge and relationships among out-of-home care providers and the staff of the OHC program agency.

In 2001, funding was provided by DCFS to the Western Training Partnership to pilot competency based, pre-service training with four counties. The data from this project shows positive outcomes in the following areas: 1) retention; 2) placement disruption; 3) increased partnership between birth and foster families; 4) increased knowledge of and support for permanency; and 5) increased support for foster families within the community. In addition, the pilot counties report that utilizing the expertise of the UW Training Partnership was a logical link in providing knowledge, resources and technical assistance to agencies in providing competency based training for foster parents.

In September 2002, DCFS issued a numbered memo, developed with the input of foster parents and public and private child welfare agencies, that allowed county agencies to receive Title IV-E funds on a pass-through basis for competency based, pre-service foster parent training. The availability of pass-through funds reflects the need for pre-service as well as ongoing training that enhances knowledge, expectations and skill that strengthens the role of caregivers in promoting better outcomes for children in out-of-home care. Key competencies in the training are based on the same competencies, knowledge and practice principles taught to child welfare staff through the Child Welfare Training Partnerships. A key requirement of the foster parent training process is a training delivery system that utilizes foster parents and child welfare staff as co-trainers.

As of Spring 2003, twenty counties have submitted applications and have been approved to participate in the IV-E reimbursement program for foster parent pre-service training. Three other counties that submitted applications have been offered technical assistance by DCFS to support a successful application.

### Program Implications and Analysis

Monitoring the implementation and the effectiveness of statewide training for foster parents is currently not possible with the limited staff resources of the Division. Currently, there is only one position at the statewide level dedicated to all issues related to foster care. The limited staff resources coupled with local autonomy of Wisconsin's county-administered child welfare system makes it difficult to ensure appropriate training is available to foster and adoptive parents .

The pre-service training curriculum has been well received and implementation of the pre-service training program by all counties, either individually or through consortiums of counties, is a major goal for DCFS. Pre-service training has been proven to enhance safety and positive outcomes for children in out-of-home care. Increasing the availability of pre-service training through joint effort between counties is important to making the pre-service training generally available statewide.

Training for foster and adoptive parents and other providers must be designed to increase the knowledge and skills of providers. The competency-based pre-service training is a major step in this direction. Further work is needed to identify ongoing training needs for providers and develop training to help providers care for children with special needs or behavioral issues.

The role of the training partnerships in the delivery of foster parent training is not established. While the training partnerships have been instrumental in promoting the pre-service training with counties, counties continue to handle foster parent training individually for the most part. There is the potential to do more coordination of foster parent training at the regional level. As previously noted strategies for quality improvement in child welfare practice will be developed to identify the highest priorities and most cost-effective approaches for meeting outcome goals. The extent and manner by which the State assures appropriate training will be part of that strategy assessment.

## **E. Service Array and Resource Development**

- 1. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

### General Overview

Wisconsin has worked diligently to assure the safe and appropriate return of children in out-of-home care cases, as intended through the passage of the 1997 ASFA legislation. Through the development of the Ongoing Service Standards and Practice Guidelines for ongoing case management of children in out-of-home care and the expected addition of Administrative Rule HFS 44, DCFS is in the process of ensuring consistency in permanency planning and reasonable efforts throughout the state.

HFS 44 will establish state policies related to the federal requirements for assuring that reasonable efforts are made to prevent out-of-home placement, to reunify a child with his or her family, or to achieve another permanent placement for the child. HFS 44 also describes the process and practice standards related to developing permanency plans and conducting administrative permanency plan reviews.

### Program and Practice Issues

As Wisconsin is primarily a state-supervised, county-administered child welfare system, the statewide service strategy builds on local collaboration and community-wide planning efforts to provide family preservation, family support, and family reunification services. Federal funds received under Subpart II of Title IV-B for the Promoting Safe and Stable Families (PSSF) program are allocated to counties and tribes to operate family preservation, support and reunification programs at the local level. The types of services provided are determined by each county based on the unique needs of the community. State supervision of local agency plans and contracts ensure counties and tribes meet the federal IV-B program requirements and provide a full array of family reunification services.

Upon the passage of the 1997 ASFA legislation with the addition of the time-limited reunification and adoption component to the PSSF program, Wisconsin has made a concerted effort to help counties implement family reunification service components in their local PSSF programs. In 1998, the DCFS Administrator held a series of meetings across the state to discuss the new federal requirements and the state expectations for reunification services. In addition, DCFS staff worked with counties to revise their program plans to include time-limited reunification services. After the first year of implementing this new component, a statewide teleconference was held with PSSF programs to review progress, share ideas and discuss meaningful integration of the reunification services component with existing services and use of the earmarked PSSF funding with other state and local funding for reunification services.

During this period, an area of critical concern for many of the programs was the potential reduction in county and tribal PSSF grants as a result of the adoption component being added to the federal PSSF program by ASFA. In Wisconsin, Special Needs Adoption Services are

provided by DCFS and the portion of federal PSSF funds earmarked for adoption was integrated with other adoption program funding. To sustain access to family preservation and support services by maintaining local allocations, and to demonstrate commitment to the reunification component of the PSSF program, Wisconsin provided supplemental funding to avoid a reduction in family preservation or support services.

### Program Implications and Analysis

In assessing the level of services within each county, it is clear that a wide array of services have been made accessible to families through local child welfare programs. Examples of programs include: respite care, comprehensive individual and/or family needs assessments, supervised home-visits, asset building, life skills training; individual counseling for parents and children; family resource centers; parent education; and intensive in-home therapy prior to and following the return of a child from out-of home care. Some of these services are specific only to family reunification, whereas other services are used to support family preservation as well. While all counties have been successful in adding the reunification component to their local child welfare programs, the type and quality of services varies from county to county.

Many of the families needing reunification services have long-term chronic problems relating to basic needs such as jobs, housing, food and clothing. DCFS is working to more closely align services to meet these needs and include basic needs in case planning efforts. For some families, it will be difficult, if not impossible to stabilize them without addressing these issues. DCFS, through the Bureau of Program and Policies, is coordinating the activities of several statewide programs to help families access resources to meet their basic needs, including the Community Services Block/Community Action Agencies, Temporary Emergency Food Assistance Program, Domestic Violence programs, Coordinated Services Teams, and Wisconsin's Brighter Futures Initiative. The DHFS is assessing its broader role in this area in cooperation with other departments, such as the state TANF agency.

In addition, allowing the use of PSSF reunification funds to address basic needs of families, as is allowed for the adoption component of the PSSF program, would allow families a greater opportunity to achieve reunification goals. DCFS will explore giving counties the maximum flexibility under federal law in the use of PSSF funds for reunification.

While a variety of services are offered to children and families to aid in successful reunification, there is also a need to expand efforts to identify best practices at the local level. DCFS is working with counties and tribes to make a more concerted effort to improve their use of outcomes to determine what local services should be funded using PSSF funds.

2. ***Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.***

### General Overview

The DCFS Bureau of Programs and Policies provides general oversight to the majority of community services programming related to family preservation as it relates to child and family

welfare. As child welfare shows a connection to poverty and self-sufficiency, services provided through state programs such as the Temporary Emergency Food Assistance Program, the Community Services Block Grant (CSBG)/ Community Action Agencies, and Promoting Safe and Stable Families (PSSF) are vital to helping families stay together.

Local program plans developed to support and strengthen families based within the PSSF program are based on comprehensive need assessments at the local level and resources unique to their particular area or county. These plans involve not only the utilization of state dollars, but also local and other private dollars. In support of the multi-year planning process, Wisconsin promoted and provided training and utilization of outcome measures to ensure the maximum effectiveness of resource expenditures by tribes and counties receiving both PSSF.

Based on the outcome emphasis of ASFA, DCFS requires the development of measurable outcomes to ensure appropriate use of the PSSF funds, and an annual report, indicating progress toward reaching these outcomes. The planning guidelines help local agencies identify their successes, refine their outcomes/plans based on measurable successes, and maximize the return on the state's investment in child welfare services. In 2001, counties in Wisconsin completed self-assessments of their child welfare programs, which included federal performance outcomes. Current three-year PSSF plans require counties to address any areas of need as identified in the self-assessments.

#### Program and Practice Issues

While reunification and adoption programming relates specifically to families already in the child welfare system, family preservation services must be accessible to families prior to entering child protection. Hence, many preservation services are offered through both counties and private agencies such as: Runaway Centers, Community Action Agencies, Family Resource Centers, Domestic Violence Shelters, Head Start, and a variety of other programs specific to each local community. Often, the key to preventing a family entering out-of-home care rests on the accessibility of resources and services early on.

In order to address some of the more basic needs families have to gain self-sufficiency, state funded programs offer services, including: employment and training; housing; food security; health care; child care; Head Start; home weatherization; literacy; English as a Second Language; energy assistance; parent mentoring/aides; education classes, etc. Typically, county services increase this continuum of care by providing additional services, such as: respite care, intensive in-home therapy, supervised home-visits, school-home liaison services, support groups, AODA and/or mental health assessments/services, youth development and education, parent mentoring/aides, community-wide education efforts, parent training and resource referral and advocacy.

Coordination with domestic violence service providers is important for the prevention of placement because child victims of domestic violence are often at risk of placement. Services, both through the child welfare system and domestic violence services providers, are needed for both children and adult victims to ensure safety and avoid the need for placement.

In addition, Wisconsin has developed the Brighter Futures Initiative (BFI), which draws upon multiple funding streams for at risk youth into one program. In the nine BFI pilot counties, the county BFI plan includes the PSSF program to provide for a comprehensive array of services that is flexible and adaptable to the unique needs of the children and families in each county. These programs provide for specific outcomes relating to preventing child maltreatment, alcohol and other drug abuse, teen pregnancy, youth violence, family preservation and time limited reunification services.

### Program Implications and Analysis

When Wisconsin initially implemented the PSSF program, each county and tribe established a collaborative local planning team including public and private sector members. Local planning teams include individuals from: schools, juvenile justice, public health, local law enforcement, and private sector groups such as the Boys and Girls Clubs, Family Resource Centers, the University of Wisconsin-Extension, private sector partners, etc. The purpose of each local team is to provide a collaborative, coordinated approach to identify and address challenges and opportunities for Wisconsin child and family programming.

Training and technical assistance on the development and establishment of measurable outcomes through Results-Oriented Management and Accountability (ROMA) has been provided to all counties and several agencies who provide child welfare services funded by the state of Wisconsin. Technical assistance and consultation on outcomes, best practice programs and compliance with state developed administrative rules, policies and guidelines is also provided and is available both from central office and regional state staff. Regional meetings of local programs and service providers are held regularly to provide for sharing of both successes and challenges in family preservation, support and reunification.

Similar to programming provided for family reunification services, the quality of family preservation services varies across counties. The State will continue to develop strategies for appropriate QA/QI activities and to support the various entities offering child welfare services in Wisconsin.

Also mentioned with relation to family reunification, the need to expand state efforts to identify best practices at the local level and share the information throughout the state is necessary for family preservation programs as well.

3. ***Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.***

### General Overview

The fundamental purpose of special needs adoption services is to provide prompt permanency through adoption for children who are in the guardianship of DCFS, including the assessment of

potential adoptive parents to determine their capacity to adopt a waiting child. Adoption services include:

- Recruitment of potential adoptive families and the provision of information to these families regarding the special needs adoption process and children served by the adoption program;
- Assessment of new adoptive family applications selected through the Department's screening procedures
- Assessment of current foster parents of a child who is legally free to be adopted or certain relatives when those foster parents or relatives have expressed a desire to adopt the child;
- Provision of consultation concurrent planning services to child welfare staff, including identifying appropriate adoptive resources, preparing the child and the family for the adoption process, and assisting child welfare staff in the permanency planning process; and
- Provision of case management services to the child and caretakers while the child is in a foster care or adoptive home placement prior to the adoption and for one year following the legal adoption.

In 2000, DCFS entered into a partnership with private agencies to increase adoption program capacity to handle increases in special needs adoption placements while maintaining a quality service. Wisconsin courts and local agencies are referring additional children to the adoption program, and the number of interstate adoptive placements is increasing. The goal is to increase the number of adoptive placements by decreasing the average caseload per worker to allow workers more time to focus on permanence. This has resulted in more time for the state adoption workers to do individual case consultation with counties prior to the termination of parental rights and transfer of guardianship to the state.

The expansion of adoption services using private partners has been very effective at increasing the number of adoptions. The Special Needs Adoption Program finalized 1052 adoptions in calendar year 2002, increasing by 317 the number of adoptions from the previous calendar year.

DCFS also contracts with 5 regional Post Adoption Resource Centers to provide education, support activities and services to adoptive families living in the identified service area. In addition, these centers increase the availability of services for adoptive families by providing referral services such as respite care, crisis intervention, day care, after-school care, family counseling, support groups related to adoption and planning for the transition of an adopted child to adulthood.

The availability, quality and support of licensed out-of-home placement providers in Wisconsin are supported through a variety of laws and policies. Regulatory policies are developed by the Bureau of Programs and Policies (BPP) and the Bureau of Regulation and Licensing (BRL), with BPP developing standards for provider licensing and BRL enforcing standards through provider licensing. The regulatory aspects of ensuring the safety and quality of providers are driven by state statute and administrative rules as follows:

- Wisconsin's Children's Code, Chapter 48
  1. Placement Authorization
  2. Criminal Background Check Requirements
  3. Independent Investigations of Licensed Provider Maltreatment Allegations
  4. Notice to Foster Parent Providers of Legal Proceedings
- Wisconsin's Caregivers Background Law, Chapter 50

- Administrative Rules for Health and Family Services (HFS)
  1. HFS 54-Requirements of Child Placing Agencies
  2. HFS 12-Requirements of Conducting Criminal Background Checks of Licensed Facilities and Providers
  3. HFS 38 and 56-Licensing Requirements for Treatment Foster Homes and Foster Homes
  4. HFS 57-Licensing Requirements for Shelter Care and Group Home Facilities
  5. HFS 52-Licensing Requirements for Residential Care Facilities

The adoption program ensures that all activities comply with the provisions of the Multiethnic Placement Act (MEPA) and the revisions created under the Inter Ethnic Placement Act (IEPA), the Indian Child Welfare Act (ICWA), and any DHFS policy memos involving the placement of a child into an adoptive placement. Adoption services are provided in compliance with ICWA requirements.)

In addition, Adoption Standards of Practice have been established for the special needs adoption services in Wisconsin. These standards promote excellence in service and establish benchmarks for the continuing improvement of special needs adoption services to children and families.

#### Programs and Practice Issues

BPP directs the overall coordination and operation of special needs adoption services in all regional areas outside Milwaukee County. BMCW directs the overall coordination and operation of special needs adoption services in Milwaukee County.

The BPP and BMCW ensure that public and private agency supervisors meet on a regular basis to plan cooperative activities, integrate practice and resources, and maximize uniformity in service provision. The BPP and BMCW will ensure that adoption program staff, both public and private, attend at least two statewide meetings per year. The expectation is that all public and private staff will partake in related training programs provided by the Child Welfare Training Partnerships.

Through the use of federal PSSF and Adoption Incentive funds, the BPP and BMCW adoption programs have been able to expand program capacity by contracting with private partners. The additional adoption workers have increased the number and quality of adoptions by maintaining lower adoption worker caseloads. The State Adoption Program is grounded in good practice standards. With the practice standards and lower worker caseloads in place, the program has the capacity to increase the timeliness of adoptions.

Quality assurance is a key component of the adoption program and supports the identification and development of recommended strategies to improve special needs adoption services and track outcomes. Four quality assurance (QA) workers have been hired and are developing a quality assurance tool to be used when monitoring adoption cases assigned to contract partner agencies and to measure outcomes. QA staff analyzes cases based on standards of practice. The tool is continually revised to enhance program monitoring and review agency activities along with personal and telephone interviews and surveys.

Additionally, on an annual basis, the QA staff send out a satisfaction survey to families who have adopted through the special needs program within the year. A high percentage of surveys are returned with consistent overall satisfaction.

DCFS continues to work on developing mechanisms to locate relatives, reimbursing families for quality referrals and targeting recruitment efforts. DCFS continues to keep adoption agencies and their staff aware of available cross-jurisdictional resources to serve adoptive placements and make Title XIX Medical Assistance benefits available to any child receiving Adoption Assistance who lives in Wisconsin.

#### Program Implications and Analysis

The use of private partners in the adoption program has increased the exposure of the adoption program and expanded recruitment opportunities.

#### ***4. Describe the extent to which all the services in items 1–3 above are accessible to families and children on a statewide basis.***

##### General Overview

County child welfare agencies are able to provide a basic level of needed services to children and families in the child welfare system. Services such as individual and group counseling, mental health services, alcohol and other drug abuse services, foster care and other out-of-home care, and others are commonly provided by all counties in the state. While the services are widely available, some service providers operate on a regional basis and may not have a service location within the boundaries of a particular county.

The availability and accessibility of key service interventions are critical to helping families maintain or achieve safe home environments and to assure timely permanence to children who require temporary or permanent placement outside of their parental home. As part of Wisconsin's child welfare program, county agencies and the BMCW assure the availability of services through a variety of sources.

On behalf of the BMCW, the vendor agencies provide in-home safety services to families and ongoing case management services to families with children placed in out-of-home. The vendor agencies create specialized service networks with community service providers, either through sub-contract, memoranda of understanding or via information and referral, and these service networks include specific resources designed to meet the individualized needs of families based on the families current case plan and/or progress evaluation. The BMCW has specified a standard list of services that must be available to all families based on their service needs.

Similarly, in the balance of the state, county agencies receive state funds supporting the delivery of prevention, early intervention and ongoing assistance needed to assure child safety and permanence. Funds directed toward these services are provided through the Community Aids program, Youth Aids program, PSSF program, IV-E Incentive program, Chafee Independent Living program and other state and local funding mechanisms. These services are available statewide, although counties have developed individualized service strategies based on the needs

of the population and the availability of service providers. The DCFS gives counties considerable flexibility with local service strategies.

The State develops rules, policies, standards and guidelines for child welfare services and provides extensive training and technical assistance to counties and tribes to assist in the successful delivery of programs and services to children and families. Specifically, DHFS has regional offices located throughout the state to help provide local monitoring and technical assistance to child welfare services in their respective geographical areas. Counties and tribes submit annual reports identifying use of funds and ensuring that the appropriate amount is spent in each of the required categories.

### Program and Practice Issues

Coordination with community service providers is a hallmark of the child welfare system. Children are often abused or neglected as a result of a parent's alcohol or other drug abuse, mental health problems, poverty, familial values, or other factors that transcend individual service systems. It has always been critical that child welfare agencies work with appropriate providers to assure the safety of children in their own homes or to be able to reunify children with their families once removal has been made. Funding and the availability of services are clearly factors in the scope of such coordination.

The DCFS uses a program planning process that requires local agencies to solicit community and program participant input for establishing service priorities and service strategies. Through local PSSF program planning committees or other coordination mechanisms, local agencies have established collaborative planning structures to get input into local program planning.

The Coordinated Service Team initiative has been developed to develop time-limited financial support, training, and technical assistance to counties. The goal of the initiative is to maximize the use of existing resources that support collaborative efforts to create a clearer vision, meaningful structural change and measurable outcomes for children and their families across systems. Both divisions are contributing to the project, with DCFS using PSSF program funds, and providing technical assistance to counties.

As guidelines and standards continue to improve, the state will need to provide more training/technical assistance to counties around implementation of these changes. Although child welfare services are accessible and available statewide, the level of quality is not consistent across counties. It is becoming increasingly challenging given the growing need for services and rising cost of services to provide the staffing and service levels needed by the families in the child welfare system.

### Program Implications and Analysis

While services are generally available statewide, not all counties provide the same range or depth of services. The variation in services can affect the outcomes for families. For example, urban areas are often more able to provide specialized types of services, offer families a broader choice of service providers, and provide services that are more culturally appropriate. In some areas, wait lists for services can result in families not immediately receiving services to protect the safety of children or children remaining longer in out-of-home care longer than necessary.

The variation in availability and intensity of services is affected by a number of factors including geography, the level of demand for services, and the available funding. In rural areas, there is an assumption that individuals will have to travel farther for services. Rural areas also have low population densities with lower demand for services, which makes it more difficult to support certain services. Finally, local tax bases or the willingness of county boards to allocate resources will vary from one county to another.

The variety of state and federal confidentiality laws applicable to human services creates an unnecessary burden on the ability of various agencies to coordinate activities. DCFS has been working with the Department of Justice and the Office of the Director of State Courts in identifying and resolving confidentiality problems, but there will be no quick resolution.

The DHFS is committed to developing more holistic, integrated strategies in collaborating with other state agencies and local partners. The collaboration will be vital to make sure all available resources are used holistically in ways that respond to the strengths and needs of families. DHFS will explore ways to redirect resources from where they may not be most cost-effectively utilized (including staff time, extended foster care placements, etc.) to the priorities that families need. DHFS will work with counties to find key opportunities to leverage help in key areas for family success.

## **F. Agency Responsiveness to Community**

- 1. Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

### General Overview

The DCFS engages in ongoing consultation with local agencies, tribes and key representatives of agencies or service systems that interface with the child welfare program. Ongoing communication, coordination and collaboration between the state child welfare program, its funding sources, and its key stakeholders (i.e. foster and adoptive parents, tribes, court systems, service providers, consumers, etc.) are critical to protecting the safety of children, achieving permanency and promoting the well-being of families. The DCFS continues to work with key stakeholder groups to improve communication and coordination. The input of stakeholders is actively sought by the DCFS and the input is used in the DCFS strategic planning process.

The DCFS regularly works with groups representing key constituencies in the child welfare program to identify and resolve issues. These groups include, but are not limited to, the Wisconsin Foster/Adoptive Parent Association, the Wisconsin County Human Services Association, the Great Lakes Inter Tribal Council, the Office of State Courts, and other associations.

### Program and Practice Issues

DCFS and Area Administration staff regularly meet with local agencies and service providers to discuss child welfare issues and identify ways to improve services and state support of the service delivery system. Staff participate in regularly scheduled regional meetings of county human service directors, county child welfare and juvenile justice program managers, and technical advisory committees of the Wisconsin County Human Services Association.

In Milwaukee, a Partnership Council consisting of representatives from state and local government, the courts, service providers and other key stakeholders meet regularly to discuss Milwaukee child welfare program issues. The BMCW provides the Partnership Council with regular reports on program activity in Milwaukee.

Regional Area Administration staff hold regular meetings for county foster care coordinators, and child welfare program supervisors to update them on policy and procedures and provide a forum for discussion of current child welfare issues.

A state-level Child Welfare Executive Steering Committee (ESC) comprised of key state stakeholders has met on a quarterly basis since May, 2001 to consider the results of the local assessment process and advise the DCFS on how to improve child welfare program performance. Members of this committee have discussed issues affecting Wisconsin's child welfare system and the ESC recommendations have been used by DCFS in completing the Statewide

Assessment for the CFSR process. The DCFS continues to work with the ESC to carry out the following broad responsibilities:

- Assist in child welfare program planning as directed by the federal planning requirements for Title IV-B funds;
- Aid the DCFS in analyzing and identifying opportunities to improve child welfare program outcomes; and
- Support within their represented stakeholder groups continued communication and coordination at the local levels.

Wisconsin currently has Citizen Review Panels in three counties: LaCrosse, Marathon and Outagamie. DCFS has been meeting with the panels to discuss membership and function. DCFS is also exploring options to establish Citizen Review Panels in other counties.

The DCFS continues to support coordination between local child welfare agencies and local Promoting Safe and Stable Families (PSSF) program planning committees. Collaborative efforts have included joint training, involvement in local assessments, and implementation of a combined, multi-year planning process.

The DHFS is aware of a variety of local and statewide groups related to children and family well-being. One opportunity may be to build on or connect with existing forums more effectively.

#### Program Implementation and Analysis

Coordination with other stakeholders takes continued effort to engage stakeholders in meetings and committees. Given the limited time persons have to participate in meetings and committees, their participation must be highly valued and meaningful attention given to their comments to ensure their continued involvement.

The DCFS can make additional use of the Internet to make program materials more accessible to the public and make documents more readily available for public input.

2. ***Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.***

#### General Overview

Wisconsin has created several initiatives that support coordination of services between a wide array of entities. Approaches focus on collaborative efforts that promote and support system change in the way services are delivered to children and families. Resources are utilized for support, training and technical assistance in an effort to maximize existing resources, which results in a clear vision, meaningful structural change and measurable outcomes for children and families across systems.

## Program and Practice Issues

Examples of service coordination include the Coordinated Service Team Initiative, the Managed Health Care Initiative for Children in Out-of-Home Care and collaboration between Child Protective Services and Domestic Violence.

Coordinated Services Team (CST) Initiative – The CST Initiative is a collaborative effort between the Division of Children and Family Services and the Division of Disability and Elder Services (formerly the Division of Supportive Living). In 2002, six counties received time-limited funding from the State through a competitive procurement process. Four additional counties will receive funding in 2003.

Based on a shared vision and core values, the CST initiative emphasizes the need for a family-centered, strength-based plans of care for families that cross the child welfare, substance abuse and mental health service systems. Equally important is the strong emphasis on program goals, measurable outcomes and a program evaluation method that mirrors the core values.

Managed Health Care Initiative - In 2001, a report to the Wisconsin Legislature by the Task Force on Health Care for Children in Out-of-Home Placement highlighted the difficulty in obtaining adequate medical and behavioral health care for foster children under the fee-for-service system. This system is often fragmented and difficult to access when foster children have involved and complex medical needs.

As a result of the data and information from this report, representatives from the DCFS and the Division of Health Care Financing (DHCF), along with key public and private stakeholders, developed a model to improve the delivery of medical and mental health services for children. This model is based on utilizing a coordinated managed care approach. After piloting this in Milwaukee, the goal is to expand the program statewide to better meet the needs of children placed in out-of-home care.

CPS/DV Collaboration: In 2000, the DCFS brought together a group of professionals from the domestic violence and child welfare fields to improve coordination. The group examined the intersection between the two fields and addressed the role that DCFS could play in removing barriers to child protective service (CPS) and domestic violence (DV) program collaboration and to enhance integration of these services.

An overarching principle of the collaboration initiative is that of safety, well being, and stability for all victims of family violence and accountability for perpetrators. Other guiding principles include:

- The need to carefully assess the impact of interventions on all family members and to avoid or mitigate those interventions that increase the danger to or vulnerability of another family member;
- The need to provide a range of responses to appropriate to each family's circumstances;
- The need both for confidentiality for victims of domestic abuse and for CPS staff to have sufficient information to identify children who have been maltreated and, when necessary, to provide safety for these children; and
- The need for CPS and DV agencies to understand and respect the roles, values, capacities and limitations to local services to facilitate effective collaboration.

Some of the specific activities undertaken by this initiative include:

- Training for domestic violence service providers on the child welfare system and its goals, values, policies, standards and processes;
- Training for child protective service workers on the dynamics of domestic violence and best practices with families experiencing domestic violence;
- Training for judges, court commissioners, and guardians ad litem on the effects of witnessing domestic violence for children and appropriate intervention for these children;
- Regional meetings for child protective service supervisors and domestic violence program directors to discuss issues of mutual concern, examine successes and challenges, and establish personal relationships among professional colleagues;
- The development of a model for a Memorandum of Understanding (MOU) between local domestic violence and child protective service programs and training for agencies on programs how to tailor a MOU to their own specific needs;
- Revisions to the CPS Investigation Standards to better identify and respond to domestic violence;
- An update of the curriculum on domestic violence for CPS to account for changes in the law, as well as an improved understanding of cultural competency and recent research; and
- The development of a model protocol for domestic violence programs on reporting suspected child maltreatment.

#### Program Implications and Analysis

Continued efforts are needed to coordinate child welfare services with other programs. Examples of areas needing further coordination are developing model agreements for county child welfare agencies to use for memorandums of understanding with law enforcement and coordination with child support to establish paternity so that fathers and paternal relatives can be more actively involved in child welfare cases.

At a broader level, a priority for DCFS and the entire DHFS will be to integrate services for families, such as services by TANF and child welfare agencies, to attain the best use of resources in complementary efforts for the success of families.

3. ***Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?***

#### General Overview

The BMCW provides child protective services within Milwaukee County through a community-based, decentralized service provision system. There are five service sites and one administrative site. The geographical configuration of the service sites is based on boundaries that assign similar workloads across each of the service sites. Initial assessment staff, safety services staff, ongoing case management staff, social worker court liaisons, supervisors, clerical staff, a site manager and program evaluation manager are located at each of the service sites.

BMCW state employees manage functions including Bureau Administration, CPS Intake, CPS Initial Assessment, Site Management and Program Evaluation. For each of the five sites, private agency contractors provide Ongoing Case Management Services and in-home Safety Services. Countywide contracts are provided for Adoption Services and Out-of-Home Care provider recruitment and licensing. Other private contracts include Independent Investigations, Family Intervention and Support Services, and voluntary Kinship Care payments.

The Milwaukee Child Welfare Partnership Council - In response to federal and state statutes requiring a forum for community communication, coordination and recommendations related to the services delivered to children and families, the Milwaukee Child Welfare Partnership Council was established in 1995. The Partnership Council formulates suggested plans for improvement, program evaluation, funding priorities and sources, and capacity building in support of the entire Milwaukee Child Welfare System.

Division of Juvenile Corrections: The DCFS has an inter-agency agreement with the Division of Juvenile Corrections (DJC) in the Department of Corrections regarding the use of Title IV-B and IV-E funds. Title IV-B funds and reimbursement from Title IV-E are included in the funding for the Youth Aids program for counties to support community services to keep youth out of correctional facilities. Under the agreement, DJC also claims Title IV-E reimbursement for maintenance and administrative costs of youth placed in group homes and RCCs for aftercare following a correctional stay. In addition, DCFS provides DJC an allocation of Chafee Independent Living funds to conduct skill assessments and develop service plans for youth entering aftercare placements.

Family Partnership Initiative: The Family Partnership Initiative (FPI) is a multi-county consortium that contracts for services through Lutheran Social Services. CPS families are court ordered to participate in the program and cases are generally open for services for up to one year. The focus of FPI is on in-home services that stabilize and support a family through a purchase of services specific to the needs of the particular family. The FPI utilizes a plan of care that encompasses ten modalities specific to wraparound services. These areas include family, social, psychological/psychiatric, safety, vocational/educational, spiritual/cultural, financial, legal, medical, and AODA.

### Program and Practice Issues

In addition to complying with both State and Federal Standards regarding Child Protective Services, the BMCW utilizes internal procedures to help guide and direct internal operations within all program areas. These procedures are regularly reviewed and revised and are accessible to all staff on the BMCW Intranet.

The above mentioned private agencies provide services according to the terms set in each agency's annual contract. Each contract agency is required to have administrative management and supervision of its staff for the work performed. Similarly, each agency is also required to have a quality assurance department to ensure that the work is in accordance to the contract provisions. BMCW PEMs are assigned to monitor the quality and performance of each contract partner.

DCFS collaborates with DJC in working with counties to provide direction on how federal Title IV-E requirements relating to permanency planning apply to youth in out-of-home care due to juvenile delinquency or status offenses. DCFS and DJC work jointly on out-of-home care issues with juvenile justice program impacts, including issuing joint memos to county agencies. DJC participates on the Child Welfare Executive Steering Committee and DJC staffs regularly participate in DCFS staff meetings that involve juvenile justice topics.

#### Program Implications and Analysis

The above mentioned program partnerships assist counties and the BMCW in enhancing services and supports to children and families. Wisconsin will continue to explore opportunities to expand public-private partnerships in efforts to further develop a comprehensive child welfare service system.

Further coordination is needed to provide direction to counties on how federal IV-E requirements apply to juvenile justice cases. The implementation of the WiSACWIS system is generating questions in this area as counties consider how to use the system for their juvenile justice cases.

4. ***Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.***

#### General Overview

Currently, tribes manage services for Indian children in out-of-home care through written agreements, called 161 agreements, with individual counties. The original intent of the 161 agreements was to pay for placements ordered through the tribal courts. The agreements have since been expanded to cover support and treatment services to children in care and their families, IV-E eligibility determinations, permanency planning requirements, independent living and, in some cases, additional agreements related to child protective service investigations and removals. The DCFS monitors the development of the 161 agreements and at times has arranged for a facilitator to help in negotiating the agreements. The 161 agreements created a mechanism resulting in improved communication and negotiations between county departments and tribes.

The DCFS will continue efforts to enhance 161 agreements to assure that all such agreements address the additional issues that can improve services for Indian children and their families. Enhancements will be pursued after initiatives that influence the content of the agreements are completed, including the Ongoing Services Standards and Practice Guidelines, the planned administrative rule on permanency planning and reasonable efforts (HFS 44), and statutory changes made to comply with the ASFA.

At the present time, most of the 11 tribes in Wisconsin have established tribal courts to deal with child welfare issues. Tribes with no tribal court and, in some cases, tribes with courts will refer cases to the county child welfare agency. In most cases, when an allegation of abuse or neglect of an Indian child comes into a county agency that is bordered by a tribe, the county agency conducts the investigation in conjunction with child welfare staff of the tribe.

### Program and Practice Issues

In conjunction with the DHFS Tribal Affairs Unit, the DCFS has several ongoing practices to ensure effective communication with tribes and to support tribal child welfare services. The DCFS gives funding directly to the tribes through the Consolidated Family Services Allocation, which eliminates individualized funding streams and assists tribes in providing services to families. The DCFS consults with tribes before issuing standards and policies addressing child welfare concerns and involves tribal staff on interview panels for state staff positions. Tribes receive TANF funding for the Kinship Care program and attend Kinship Care program meetings. The DHFS also co-sponsors an annual conference addressing human service issues with tribes.

The Child Welfare Training Partnerships in Wisconsin provide training to county staff on ICWA. A more detailed ICWA training is currently being developed, including a web-based training that will offer ongoing information and resources to child welfare workers. The DCFS provides technical assistance to the county child welfare agencies when questions on compliance with ICWA arise.

### Program Implications and Analysis

There have been questions about the role and responsibility of tribes, county child welfare agencies and the state in child welfare cases that are not covered under the Indian Child Welfare Act, including Child Protective Services. The DHFS is currently studying the responsibility issue and will develop guidelines with the tribes for how the state, county agencies and tribes can best work together to meet the needs of Indian children.

Several tribes have expressed interest in taking on more responsibility under Title IV-E, including the potential to develop agreements with DCFS to become tribal IV-E agencies. DCFS is holding discussions with the tribes on the implications of IV-E agency status.

Inconsistency of ICWA notifications to tribes by counties is a concern. Counties may not routinely identify children as Indian or may not identify a specific tribal affiliation for the children. When ICWA notification is made, counties may not keep tribes informed about the progress of cases. Increased awareness and training regarding ICWA requirements and effective coordination with tribes is needed to improve implementation of ICWA in Wisconsin.

DCFS is working with tribes and the Child Welfare Training Partnerships to address ICWA training needs for county staff and training needs for tribal child welfare staff. Technical assistance has been requested through the National Indian Child Welfare Association to help address the training needs.

## **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

- 1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*

### General Overview

The licensing process is the primary method used by Wisconsin in assessing the appropriateness of a family or institution as a resource for the provision of out-of-home care services to children who have been ordered by the court to be removed from their homes. In Wisconsin, there are a number of types of out-of-home placements, each with their own licensing standards and purposes. The out-of-home care providers used in Wisconsin include:

- Shelter care facilities
- Family foster homes (including adoptive homes)
- Treatment foster homes (both family and shift-staffed)
- Group foster homes (both family-operated and corporate)
- Residential care centers (RCCs) for children and youth

The licensing of out-of-home care providers is a comprehensive process of both evaluating the physical facilities and assessing the families or staff that will provide services to children. In addition to the decision as to whether or not to license, the licensing process involves determinations as to the number, type, age and sex of children to be served and any training that might be needed by caregivers in those facilities.

Licensing rules are reviewed on an ongoing and regular basis to assure that licensing agencies are interpreting the rules correctly and to determine if rules need to be updated or otherwise revised. For example, the family foster home licensing rule received significant revisions in both 1990 and 2002. The residential care center (RCC) rule was revised in 1999 and the group home rule is currently being revised. The treatment foster home rule was created in 1996 and revisions are being considered. Since these rules are administrative rules, the rule process requires the involvement of a wide variety of individuals, including licensers and licensees, the general public and legislators.

Under Wisconsin law, an unrelated person who provides care and maintenance for children must receive a license to do so. The Department is responsible for the development of all licensing rules and only the Department may issue licenses to shelter care facilities, group foster homes, and residential care centers. The Department may also license family foster homes and treatment foster homes and, through state legislation, may also delegate the authority to license those two types of out-of-home care placements to county departments of human/social services and to private child placing agencies licensed by the Department.

Licenses for all of the various types of out-of-home care may be issued for a period of up to two years. Licensing rules, in general, cover all aspects of the living arrangement in order to protect the health, safety and welfare of children placed in those facilities. These aspects include the construction and condition of the physical plant, the physical and mental health of caregivers, the criminal background of caregivers and others residing in the facility, any history of drug or

alcohol abuse on the part of caregivers or other residents, the financial status of caregivers, and the overall functioning of foster families and facility staff. Licensing agencies other than the Department are granted limited authority to grant exceptions to certain licensing requirements under certain conditions if the health, safety and welfare of a child will not be compromised. The Department may grant an exception to any aspect of the licensing rule. This was a change in the 2001 revision to the foster home licensing rule in order to assure that the licensing rules, regardless of intent or design, were not so inflexible as to result in situations that were themselves contrary to the health, safety and welfare of children.

While the licensing rules are comprehensive, we also consider them to be, for the most part, minimal standards designed to ensure the protection of children placed in out-of-home care. The flexibility involved in most of the rules is also designed to assure that an otherwise qualified caregiver is not prohibited from licensure for a reason that can be mitigated through a modification of any requirement.

### Program and Practice Issues

The Department and each county and private child placing agency has identified specialized staff whose responsibilities include the licensure of out-of-home care facilities. All potential foster families must be assessed using a formal assessment process. The Department recommends, but does not require, the use of the Foster Family Assessment system developed for the state by ACTION for Child Protection.

It is important in any system of licensure to recognize that a licensee's responsibility to meet licensing requirements is a 24-hour per day/7 day per week issue. As such, licensing agencies cannot rely only on their licensing staff to assure compliance. Rather, all agency staff who have contact with providers, including ongoing service workers and supervisors, must be aware of licensing requirements and assist in the monitoring of compliance whenever they might visit a facility or have contact with foster parents or facility staff.

The licensing process in Wisconsin is carefully constructed in order to assure that children placed are assured of safe conditions while also assuring that qualified providers are not prohibited from licensure for not meeting a "hard and fast" rule. The fact that some exceptions can only be granted by the Department provides needed flexibility while assuring that there is uniformity from county to county and private agency to private agency in the use of such exceptions to basic aspects of the licensing rule.

### Program Implications and Analysis

The rule process is lengthy and requires extensive efforts to bring new rules and rule updates to completion. Structuring the rules to minimize provisions that will need regular updates and simplification of the rule promulgation process will help to keep rules updated to adapt to new developments in child welfare service delivery.

Training is needed for state licensing staff, county agency staff and private agency staff on foster and adoptive licensing rule requirements and rule interpretations. Current training efforts are often sporadic, leading to inconsistency in the information given to providers and how licensing

rules are applied in individual situations. Joint training can be provided in a team format with both licensors and licensees.

2. ***Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.***

### General Overview

Under Wisconsin statutes, the DCFS is responsible for the development of administrative rules related to licensure of out-of-home care placements for children. Only the DCFS may license shelter care facilities, group homes and residential care centers. The DCFS may license family foster homes and treatment foster homes and, by statute, also delegates that responsibility to county departments of human/social services and private child placing agencies that are licensed to do so by the DCFS. Juvenile detention centers and juvenile correctional facilities are used as placements for children, but these facilities are not defined as out-of-home care or foster care placement settings under either state or federal law respectively, and are not subject to licensure under DCFS rules.

Out-of-home care facilities may only be licensed under rules promulgated by the DCFS. Foster home licensing standards for relatives and non-relatives apply equally to all potential foster homes, regardless of the provider's relationship to the child. With regard to foster care and treatment foster care, a county or private child placing agency may grant exceptions to certain aspects of the licensing rules if the exception is not contrary to the health, safety and welfare of a child. The DCFS has issued an annotated version of the licensing rule that describes situations in which an exception may be appropriate. Exceptions to other aspects of the rules can only be granted by the DCFS. This results in a uniform application of the licensing standards.

Under Wisconsin statutes, a foster parent may appeal any decision of a licensing agency to the State Division of Hearings and Appeals (a state agency outside of the Department of Health and Family Services). This appeal process provides added security to assure that a licensing agency is not inappropriately treating applicants differently.

### Program and Practice Issues

All licensors and licensees are provided with copies and explanations of the licensing rules applicable to them. The licensing process includes an evaluation of the physical plant and an assessment of the caregivers. The DCFS provides technical assistance and consultation to licensing agencies as specific issues arise.

All licenses may be granted for a period of up to two years. The re-licensure process involves an updated assessment of the caregivers to determine if there have been any changes that might have an impact on the license or the children placed in the facility. Monitoring of county agencies is conducted to ensure the timeliness of re-licensure activities as part of overall quality assurance efforts.

The WiSACWIS system includes a number of “ticklers” designed to assure that licensing staff is aware of when a particular license is set to expire so that the re-licensure process can be completed prior to the license expiration date.

### Program Implications and Analysis

The following recommendations will improve the application of licensing rules:

- Ongoing training of licensing staff on the licensing rules and the licensure process. Ongoing training on a regular basis will ensure consistent application of licensing rules.
  - Improved communication between licensing staff and licensees. More efforts are needed to educate providers and share information on a regular basis, not just when licenses are up for renewal.
  - Interstate sharing of information on applicants for licenses should be more clearly mandated or authorized by the federal government, particularly a licensing agency’s access to child protective services and law enforcement records from other states.
3. *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of childcare institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

### General Overview

Licensure of prospective foster and adoptive families in Wisconsin is the responsibility of three entities: the state regional offices (for adoptive families), individual counties within the state, and agencies who are licensed by the state as child placing agencies. The Bureau of Regulation and Licensing (BRL) is ultimately responsible for ensuring that private agencies comply with applicable background check requirements. In Milwaukee, the responsibility of monitoring these functions is largely delegated to the BMCW, which oversees and monitors contracts with agencies licensed to provide out-of-home care and adoption services.

The requirements for background checks to be completed prior to the issuance of a foster care license are spelled out in HFS 56.05(3)(f), HFS 38.04(5)(d) and HFS 12. Checks are to be renewed no less than every four years on those with existing licenses, although some agencies choose to conduct reviews more often. Additionally, the frequency with which these background checks are to be done and the requirements regarding background checks from other jurisdictions are outlined in the Standards for Services of the Special Needs Adoption Program and the Out-of-Home Care and Adoption Policies of the BMCW. These rules specify that a request to the Wisconsin Department of Justice for such background checks be completed using a standard form.

In addition to criminal convictions, applicants for licensure must also provide information regarding prior license revocations or administrative actions by a licensing agency. This

provision ensures that individuals who were not convicted of a criminal offense but were nevertheless determined to have neglected or abused a child or client in their care, or who have otherwise had their ability to care for children and vulnerable adults restricted, can be identified prior to licensure.

### Program and Practice Issues

The Caregiver Background Law, implemented in October 1998, requires criminal background checks on all new hires and new checks on those persons already possessing licenses to provide care to children by February 1, 2000. This law also expanded the restrictions on licensure to include any substantiated finding of abuse or neglect of a client made by an investigative agency regardless of criminal charges or convictions. Provisions were also made in the law to allow certain individuals affected by these restrictions to have their situations reviewed on a case by case basis to determine if they continued to be a risk to children or vulnerable adults.

The State has arranged for background checks to be channeled through the Department of Justice (DOJ) to minimize the number of different jurisdictions and courts that must be contacted to obtain reliable information.

The DCFS Bureau of Regulation and Licensing (BRL) includes a review of criminal background checks as part of its regular quality assurance review of child placing agencies. Documentation of these checks is done during agency site visits. Agencies that are not in compliance with the background check requirement are subject to administrative penalties. A finding that a foster parent or facility staff has a conviction or a pending charge relating to life or safety or is related to the care of children, is grounds for a summary suspension of a license.

### Program Implications and Analysis

A review of foster home licensing has historically been incorporated in the regular PEM reports completed for out-of-home care in Milwaukee. The most recent such review was conducted in early 2002, shortly after a new provider had taken over this program. At that time it was found that the new agency had completed more than 80% of these checks prior to the license being issued; a small minority had received background information after the date of the license.

Foster home licensing has also been a subject of state reviews of cases for IV-E eligibility. Additionally, the requirement for completing background checks of all applicants is identified in the agency's contract with the state. Individual counties are responsible for ensuring that background checks and other licensure requirements are completed for the homes that they license.

4. ***Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.***

## General Overview

Wisconsin's foster care rate structure includes basic maintenance rates, which vary based on the age of the child, supplemental rates based on conditions requiring additional care by foster parents, and exceptional rates which are designed to allow higher payments for children who would otherwise be institutionalized. The basic rate is used to reimburse foster parents for the basic costs of care, such as food, shelter, clothing, school supplies, and basic transportation. The basic rates are set by state statute and the supplemental rates are set by administrative rule. Counties have flexibility with exceptional rates, but the rates must be based on costs for caring for the child. The maximum foster care rate is \$2,000 per month and the combination of basic, supplemental and exceptional rates must be within the \$2,000 limit.

The process for recruiting foster and adoptive homes in Wisconsin is a joint effort between the counties, private child placing agencies and the DCFS. The state Special Needs Adoption Program (SNAP) has taken a lead role in working with licensing and recruiting entities to ensure that specialized recruitment strategies are developed. Wisconsin has a strong and consistent record for foster home conversions to adoption. In FFY 02, foster care conversions comprised 84% of the adoptions finalized. Because of the high percentage of foster families that adopt, the SNAP works with counties and private agencies to help locate specialized quality foster homes for children in out-of-home care in order to replace or improve these resources.

Where specialized recruitment efforts are needed, children are photo listed on both the state and federal web sites. Local groups and organizations are also used to help locate adoptive resources. In addition, due to the partnership between the state adoption program and private adoption agencies, the state has been able to use publications from the private agencies to recruit from within agency networks of families and churches that have been involved in infant and international adoption.

The SNAP annually identifies targeted recruitment strategies. These strategies include:

- Provision of a relative locator service to work with key state agencies and the Adoption Search Program and offering this service to counties at a nominal fee.
- Photo listing children that need a home on both the state and federal web site.
- Making use of TV and radio recruitment opportunities at low to minimal cost.
- Specialized recruitment tools like specially developed videos, special bus posters and TV, newspaper and radio ads.
- Contracting with the Special Needs Adoption Network (SNAN) to facilitate bus tours with interested counties and communities throughout the state. The focus of the tour is to provide local/regional community leaders with information and an experiential activity relating to foster care, adoption and the local needs.
- Targeted recruitment by expanding on the recruitment activities initiated by SNAN, including specialized efforts with the faith-based community.
- Development and implementation of a reward for referral system for the recruitment of foster/adoptive families. This initiative will take place in two counties providing incentives for foster families who make referrals of potential family resources and when the referred family has completed the foster/adopt home study process and becomes licensed.
- Personal post adoption visits to families to ensure that they have all the necessary information to help support the family post adoption.

- The provision of post adoption services to all adoptive families throughout the State of Wisconsin are available by calling a regional “800” number.

The basic recognition in all of these efforts is that satisfied adoptive families are the best source for recruitment. High quality services result in customer satisfaction that in turn becomes the greatest recruitment tool through word of mouth.

### Program and Practice Issues

The DCFS is exploring further development of a relative locator service, reimbursing families for quality referrals, and targeted recruitment efforts. The DCFS is currently focusing on targeted recruitment as our best means to reach the types of families that meet the needs of the children we have in out-of-home care.

The DCFS is including county foster care coordinators, private contract agency staff and state adoption staff in the recruitment effort to help identify our statewide needs. The efforts will lead to a recruitment plan that puts emphasis on individual community and child recruitment needs rather than a general statewide effort. Recruitment funds will be targeted into specific communities where the need is most prominent and in a manner that will encourage family participation.

During calendar year 2001, approximately 500 families made inquiries about becoming foster and/or adoptive parents to the toll-free telephone line operated by the DCFS. A statewide recruitment video, featuring family and child diversity, is currently in production. The video will be distributed to county social/human social services, faith-based community organizations, regional state adoption offices, private contract adoption agencies, post adoption resource centers, and public libraries.

A statewide workgroup is currently addressing the need for respite policies across the state. Respite is an essential service for foster families and foster children that can increase stability and retention in foster homes. The workgroup, composed of state staff, county and private agency representatives, foster parents and respite providers, is developing a model respite policy that will be distributed across the state as a guide for agencies to provide respite and communicate the availability of respite to foster parents. The policy outlines the need for respite and the benefits of respite, especially regular and planned respite, for foster families.

The DCFS continues to work with tribal representatives to better address adoption and temporary care issues in a culturally responsive and supportive manner and to meet needs in a way that benefits children, families and their tribes.

In Milwaukee, the foster care contractor First Choice for Children has collaborated on a joint foster/adoptive recruitment plan with Children Service Society to recruit quality foster homes to meet the needs of BMCW children in foster care and become adoptive resources. Recruitment efforts have included a variety of initiatives, such as publications at churches, local businesses, shopping malls, and public service announcements.

## Program Implications and Analysis

Foster care rates are a concern in that Wisconsin's basic rates are among the lowest in the country and rates have not been increased significantly in recent years. The low basic rates and the lack of meaningful increases can lead to foster parents becoming discouraged and increasing turnover among foster parents. The low basic rates lead some counties to make broad use of supplemental and exceptional payments to provide foster parents with higher reimbursement levels. The variation in how counties use the additional payments points out the need for a comprehensive analysis of Wisconsin's foster care rate structure.

There have been discussions with the Legislature regarding the need for regular increases to the basic rates until the rates reached the level of the average of the foster care rates for all of the Midwest states in Federal Region V. But there have been minimal increases to the Wisconsin rates; the basic rates were last adjusted for CY 2001 and no increases are planned for future years. Other states have raised their basic rates; as a result, Wisconsin is falling farther behind our neighboring states every year.

Relatives are not consistently considered as foster parents by counties, with relatives taking in children as placements being steered toward the Kinship Care program for payments rather than being given complete information about foster care and allowed to become licensed providers. In some situations, county agencies are not allowing kinship providers the opportunity to apply for licensing as foster parents.

Fathers and paternal relatives are not investigated as possible placement resources uniformly across the state. Paternal resources may be an important placement alternative for a child, maintain ties to his/her family, or may even prevent out-of-home placement. Social workers need to identify fathers, cooperate with establishing paternity, and consistently evaluate paternal resources as available and appropriate alternatives to non-relative foster care. The DCFS is exploring the use of a relative locator service to identify relatives. The Adoption Search program may be used for this function in the future.

Joint recruitment strategies should be used for foster and adoptive parents since most adoptions are foster home conversions. About 84% of all special needs adoptions are by the foster parents where the child resides at the time of termination of parental rights. This places a significant stress on the county foster care system to continually replace foster parents that decide not to foster after adoption. In an attempt to help alleviate this problem the adoption program is sharing its approved families with counties when requested and particularly at the time of providing permanency consultation on a specific case. The adoption program has worked with counties to develop joint recruitment tools and a single access point through a toll-free telephone number.

Other areas that need to be considered are:

- Joint foster/adopt studies that would produce one home study process to speed the transition from foster care to adoption and addresses issues such as permanency planning. This is currently being piloted in several counties.

- Increased resource sharing between county, state and private agencies, including hosting meetings with foster care coordinators and adoption staff in order to share information about available or needed resources. This also includes current joint adoption and foster care training and conferences and Adoption Resource Fairs that are a combined effort among private agencies, state staff and county staff.
- Targeted recruitment based on county and child resource needs to focus on specific needs of a particular child or community. For example, there is a great need for foster and adoptive parents willing to work with adolescents. The DCFS is in the process of purchasing videos that focus on the needs of adolescents in the foster care system. The videos will be distributed statewide to both county and adoption agencies to use as a recruitment tool. Other proposals are being considered for different communities and their specific needs.
- Engaging the faith-based community in recruitment, similar to the current efforts of Lutheran Social Services (LSS). LSS is publishing articles on the need for special needs adoption homes in their bulletins to Lutheran Churches. Adoption staff also attend a statewide group of leaders from faith-based communities to encourage and develop foster and adoptive resources.
- Paying adoptive families for quality referrals. The Adoption program is current researching the proposal to pay current foster parents an initial amount for referrals and then additionally if a referred person becomes licensed.

These are just a few of the options currently under consideration as a mechanism to not only increase the number of available families, but to assure that families are carefully screened and trained to provide effective adoptive placements for children.

5. ***Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.***

### General Overview

The process for recruiting foster and adoptive homes in Wisconsin is a joint effort between the counties and the Department of Health and Family Services (DHFS). In FFY 02 foster care conversions comprised 84% of the adoptions finalized in that time period. Primarily the foster care/adoption pool of families is recruited at the county or private agency level. Each agency is responsible for recruiting, training and licensing of foster parents. DHFS provides oversight, licensing of private agencies, consultation and monitoring for compliance.

The Multi-Ethnic Placement Act (MEPA) requires that states and governed staff not create barriers to the placement of children across ethnic groups. The law also requires that states monitor their MEPA compliance to ensure that no barriers to timely placement are put in place through statute, policy or practice.

The State Adoption Program annually identifies targeted recruitment strategies. These strategies include:

- Provision of a relative locator service to work with key state agencies and the Adoption Search Program and offering this service to counties at a nominal fee.
- DCFS contracts with the Special Needs Adoption Network (SNAN) to facilitate bus tours with interested counties and communities throughout the state. The focus of the tour is to provide local/regional community leaders with information and an experiential activity relating to foster care, adoption and the local needs.
- Targeted recruitment by expanding on the recruitment activities initiated by SNAN, including specialized efforts with the faith-based community.
- Development and implementation of a referral reward for the recruitment of foster/adoptive families. This initiative will take place in two counties providing incentives for foster families who make referrals of potential family resources and when the referred family has completed the foster/adopt home study process and becomes licensed.
- Exploration of a dual licensure or combined licensing study process where by the Department will work counties to develop a process to license families interested in both foster and adoption as foster/adopt homes to better assist with the timeliness of adoptions

HFS 56 and HFS 38 address the licensing and training of foster and treatment foster parents in Wisconsin. Most counties have adopted the Foster Family Assessment (FFA) protocol developed by ACTION for Child Protection. County foster care coordinators meet on a regional basis to share and problem solve issues including recruitment and retention. Regional Area Administration has recently initiated a Foster Home License Review in each of the counties in the state. The DCFS Bureau of Regulation and Licensing monitors and re-licenses private placement agencies.

DHFS has issued memos and updated Administrative Rules related to the foster/adoptive care practice. These include:

- HFS 56 and HFS 38
- Adoption Program Standards (2001)
- Memo Series DCFS-97-06 MEPA and Amendments
- DCFS MEMO 98-14 MEPA and Inter-ethnic Adoptions Provisions
- DCFS MEMO 96-05 Recruiting Prospective Foster Parents
- DCS POLICY SERIES 95-45 The Federal Multi-ethnic Placement Act of 1994
- DCS MEMO 94-35 Indian Child Welfare Act

### Program Practice Issues

The Wisconsin county-administered system offers opportunities and liabilities in the areas of foster/adoptive recruitment and retention. As such, many different strategies are utilized across the state. This variation creates challenges to a statewide coordinated planning and evaluation of the different recruitment and retention strategies.

Promising practices in the recruitment areas include strategies like the Adoption Resource Fair, which is a coordinated statewide recruitment initiative with representation from each of the regions and private agencies. Small innovative ventures such as a local Adoption Resource Fair, can be done through coordinated efforts by the Adoption Program, county agencies and contract partner agencies.

However, as in other areas of a county-operated child welfare system, there may be opportunities for improvement via statewide teamwork. Sufficient resources is also an issue.

#### Program Implications and Analysis

The QA staff of the adoption program has developed a special MEPA compliance questionnaire that will be included in every special needs adoption file. As DCFS expands the state permanency consultant (SPC) role, whenever the SPC meets on a case with a county worker the SPC will complete the MEPA questionnaire that will be included in child's case file. This process will help ensure that MEPA is complied with on all cases in out-of-home care that are moving toward an alternative form of permanence other than reunification.

The Wisconsin County Human Services Association is developing an inter-county agreement that addresses jurisdiction and case transfer issues. While this agreement does not have the force of law, it is designed to serve as a model for counties statewide and may have implications at the state level.

## **Section III - Safety and Permanency Data**

### **State Comments on Federal CFSR Data Profile**

#### Data Sources Overview

Due to concerns regarding the quality of data presented in the CFSR data profile, additional data sources have been used to evaluate state child welfare program outcomes in this Statewide Assessment. These data sources include the following reports produced at the state-level using both legacy system data and/or WiSACWIS data where available:

- 1) Child Abuse and Neglect Report for CY 1999, 2000 and 2001
- 2) Children in Out-of-Home Care in Wisconsin Report-1990-1999
- 3) State Child Welfare Outcome Reports (HSRS and WiSACWIS system)

#### Child Abuse and Neglect / Safety Data Profile

Wisconsin currently submits NCANDS data using the Summary Data Component (SDC) report format due to the nature of the data available from CFS-40 forms. Child specific data is not collected on CFS-40 forms, so the legacy child abuse and neglect database cannot be used for detailed analysis of the federal safety outcomes on a child-by-child basis. The limitations include lack of child identifying information, incomplete service information, and problems with timely form submission by counties. The result of these problems has affected the accuracy and timeliness of federal data submissions that are subsequently reflected in our state's data profile.

Child-specific data is collected in the new WiSACWIS system, but the implementation of the child abuse and neglect reporting features began in Calendar Year (CY) 2001, so the majority of the data for the safety data profile is from CFS-40 information. The safety data profile includes CY 1999, 2000 and 2001. The CY 1999 and 2000 data is solely from CFS-40 forms for all counties. In CY 2001, WiSACWIS was used for child abuse and neglect reporting in Milwaukee County, so WiSACWIS data is available for Milwaukee. CFS-40 data was collected in CY 2001 for the rest of the state, which accounts for about 70% of child abuse and neglect reports.

Given the limitations of CFS-40 data, Wisconsin is not able to compute the federal performance measures for recurrence of maltreatment and maltreatment of children in out-of-home care. To develop estimates for these performance measures, Wisconsin worked with the National Resource Center for Information Technology in Child Welfare to develop alternate safety data. Estimates were developed for CY 2001 using the following alternate data sources.

For recurrence of maltreatment, a stratified random sample of CFS-40 forms was selected for counties in the balance of state where children were reported to be substantiated victims of maltreatment during CY 2001. A survey was conducted of counties in October 2002 to obtain information on whether those children has an additional incident substantiated maltreatment in either the six months prior to the sample incident or the six months after the sample incident. For Milwaukee County, WiSACWIS data was used to identify recurrence of maltreatment. The prior and post rates of recurrence were averaged to come up with an estimated rate for recurrence of maltreatment in CY 2001.

For maltreatment in out-of-home care, DCFS used CFS-40 data that identifies maltreators who are foster parents or staff of licensed group care facilities. The CFS-40 reports from CY 2001 involving care providers were analyzed to determine instances where children were maltreated while in out-of-home care. These CFS-40 reports were checked against local agency information and reports where the maltreator was not the actual care provider or there were duplicate reports were excluded. The adjusted CFS-40 data formed the numerator of the performance measure.

Out-of-home caseload data for CY 2001 was determined using caseload data from WiSACWIS and HSRS Child Substitute Care (CSC) Module. WiSACWIS caseload data was used for Milwaukee County and pre-adoptive cases under state guardianship reporting in WiSACWIS in CY 2001 and HSRS caseload data was used for the other counties in the state reporting in HSRS for CY 2001. The cumulative total number of children in out-of-home care at some point during CY 2001 formed the denominator of the performance measure.

With full WiSACWIS implementation by June 2004, Wisconsin will be able to submit all NCANDS information using the Child File (also known as the Detail Child Data Component or DCDC) format. For those counties that have currently implemented WiSACWIS, reports mirroring the federal recurrence of maltreatment and maltreatment in out-of-home care outcome measures are available for local use and are run on an annual basis.

On an interim basis, the county survey approach and review of CFS-40 reports involving care providers will need to be continued to provide estimates of the federal performance measures for CY 2002, CY or Federal Fiscal Year (FFY) 2003, and CY or FFY 2004.

#### Out-of-Home Care / Permanency Data Profile

The permanency portion of the data profile includes AFCARS data for FFYs 1999, 2000 and 2001. The permanency data has significant data quality issues and DCFS is in the process of submitting revised AFCARS files for those years to improve the quality of the permanency data profile for Wisconsin. This section explains the data quality issues.

For the FFY 1999 A and B files and the FFY 2000A file, all counties in the state were using the HSRS CSC Module to report placement activity, so the AFCARS files for those periods are based exclusively on CSC Module data. BMCW in Milwaukee County began using the WiSACWIS system in March 2000, at the very end of the FFY 2000 A period, so CSC Module data is used for the FFY 2000 A period. In the FFY 2001 A period, the State Adoption Program began using WiSACWIS for placement report for pre-adoptive children in state foster care in December 2000. In the FFY 2002 A period, which is used to develop a complete annual file for FFY 2001, three additional counties began to use WiSACWIS to report placement activity. The pace of additional counties using WiSACWIS increases in subsequent AFCARS periods until the last group of counties goes on WiSACWIS in June 2004.

The Milwaukee County data for FFY 1999 A and B and FFY 2000 A period includes primarily BMCW cases and some Milwaukee County Department of Human Services juvenile justice cases. Both BMCW and the juvenile justice program used the local Milwaukee SCRIPTS system, which submitted data to the HSRS CSC Module. Once BMCW went on WiSACWIS in

March 2000, SCRIPTS data was no longer submitted to the CSC Module. Thus references to Milwaukee County cases generally refer only to BMCW cases.

The AFCARS reporting periods and the initial use of WiSACWIS are as follows:

AFCARS Period	Time Period	Use of WiSACWIS
FFY 1999 A	10/1/98 - 3/31/99	None
FFY 1999 B	4/1/99 - 9/30/99	None
FFY 2000 A	10/1/99 - 3/31/00	BMCW Milwaukee 3/00
FFY 2000 B	4/1/00 - 9/30/00	BMCW Milwaukee
FFY 2001 A	10/1/00 - 3/31/01	BMCW Milwaukee State Adoption Program 12/00
FFY 2001 B	4/1/01 - 9/30/01	BMCW Milwaukee State Adoption Program
FFY 2002 A	10/1/01 - 3/31/02	BMCW Milwaukee State Adoption Program Lafayette 10/01 Sheboygan 1/02 Waushara 1/02

The original plan for AFCARS reporting during the WiSACWIS transition period of March 2000 through June 2004 was to develop an interface between WiSACWIS and HSRS to allow AFCARS reporting to continue to be done from HSRS. This interface approach proved unworkable and was discontinued in early 2002 in favor of developing a "blended" AFCARS file using data from both WiSACWIS and HSRS. The blended file approach uses WiSACWIS data for those counties on WiSACWIS during the AFCARS period and HSRS data for all other counties. The first blended AFCARS file was successfully submitted for the FFY 2002 B period in November 2002.

For the FFY 2000B, FFY 2001 A and B and FFY 2002 A files, based on informal guidance from the Children's Bureau, DCFS submitted AFCARS files based solely on HSRS data rather than excluding counties on WiSACWIS. For the BMCW Milwaukee cases, this meant the AFCARS files for FFY 2000 B and subsequent periods reflected cases open as of February 2000 with no updates in the HSRS system after that point because BMCW was on WiSACWIS. BMCW Milwaukee cases account for approximately 50% of the foster care records in an AFCARS period. For the State Adoption Program, this meant the AFCARS files for FFY 2001 and subsequent periods reflected cases open as of November 2000 with no updates in the HSRS system after that point because the Adoption Program was on WiSACWIS. Adoption Program cases account for approximately 5% of the foster care records in an AFCARS period.

As a result of the BMCW Milwaukee and Adoption Program cases remaining constant with no updates, the computations in the state data profile for factors are significantly skewed. For example, due to the lack of updates the length of stay measure shows significant change from FFY 1999 to FFY 2001 and this is attributable to the Milwaukee and Adoption Program cases appearing to remain in care longer in the AFCARS file. When updated AFCARS information is used that includes WiSACWIS data, the length of stay measure will change significant because it will reflect case exits and exits for Milwaukee and the Adoption Program. The state total

number of case entries and exits for FFY 2000 and FFY 2001 shown in the permanency data profiles are also low due to the lack of WiSACWIS data for Milwaukee.

Additional functionality has been added to the WiSACWIS system to generate AFCARS files for past periods selecting only cases that were open during those periods and the historical information for those cases. This functionality went into production on April 21, 2003.

Beginning in May 2003, DCFS will generate blended AFCARS files for the periods of FFY 2000 B through FFY 2002 A that will accurately reflect BMCW Milwaukee and State Adoption Program placement activity during those time periods.

As DCFS staff reviewed data for the AFCARS files, inconsistencies were noted between the data in the AFCARS files and other HSRS reports. A major issue is that the programming logic of the AFCARS file did not include cases that were open in HSRS during an AFCARS period, but closed during subsequent periods. Based on this research, Wisconsin has regularly under-reported the number of case records for the AFCARS periods used for the data profile. The impact of the programming logic error was compounded when Wisconsin resubmitted AFCARS files to reduce duplicate records in December 2002 for the three years. Since the files were created long after the AFCARS period ended, the programming logic error excluded large numbers of case records.

As a result, the AFCARS files used in the permanency data profile for FFY 1999 - 2001 contained only 7,000 to 8,000 case records for a six-month AFCARS period, when the files should have contained roughly 15,000 records for the period. Thus the AFCARS data used in the permanency state data profile is a significant undercount of the foster care activity for those years. When Wisconsin resubmits AFCARS files using the new WiSACWIS functionality, the HSRS portions of the AFCARS files will be rerun using corrected programming logic. Thus the revised blended AFCARS files will include both historical WiSACWIS data and corrections to the AFCARS programming logic for HSRS cases. These revised AFCARS files will provide more complete and accurate permanency data for Wisconsin.

To complete the state assessment, Wisconsin is supplementing the state data profile information with state caseload and outcome information. Permanency outcome reports have been developed for both HSRS and WiSACWIS data. Based on the resubmitted AFCARS files, Wisconsin will request an updated state data profile that will be used to establish baselines for the program improvement plan that will be developed following the CFSR review.

I. CHILD SAFETY PROFILE	Calendar Year 1999*						Calendar Year 2000						Calendar Year 2001					
	Reports	%	Duplic Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
I. Total CA/N Reports Disposed <sup>1</sup>	40,188		40,188				38,021		38,021				40,216		40,216			
II. Disposition of CA/N Reports <sup>3</sup>																		
Substantiated & Indicated	11,646	29.0	11,646	29.0			12,120	31.9	12,120	31.9			11,917	29.6	11,917	29.6		
Unsubstantiated	24,924	62.0	24,924	62.0			23,431	61.6	23,431	61.6			24,486	60.9	24,486	60.9		
Other	3,618	9.0	3,618	9.0			2,470	6.5	2,470	6.5			3,813	9.5	3,813	9.5		
III. Child Cases Opened for Services <sup>4</sup>			8,750	75.1					8,841	72.9					8,137	68.3		
IV. Children Entering Care Based on CA/N Report <sup>5</sup>			2,287	19.6					2,191	18.1					1,705	14.3		
V. Child Fatalities <sup>6</sup>					11						10						17	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment <sup>7</sup> [Standard: 6.1% or less]					a	a					a	a					b	6.99 <sup>a,b</sup>
VII. Incidence of Child Abuse and/or Neglect in Foster Care <sup>8</sup> (for Jan-Sept) [Standard: 0.57% or less]					a	a					a	a					93 of 15,156	0.61 <sup>a</sup>

\* Note: The CAN data for 1999 was corrected by the state to reflect the updated NCANDS submission for 1999.

## FEDERAL FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated,” “Unsubstantiated, Other than Intentionally False Reporting” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated

- The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.*
- The duplicated count of children (report-child pairs) counts a child each time (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
- For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
- The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*

5. *The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
6. *The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.*
7. *The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #1.*
8. *The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #2.*

#### *Additional Footnotes*

- a. *No Detailed Case Data Component (DCDC) data were available for Wisconsin. For the 2001 data, the State provided ACF-approved alternative data sources for the two safety indicators related to the national standards. The alternate data approaches used by Wisconsin are consistent with the logic of the standard calculation for the two safety indicators, Recurrence of Maltreatment, and Maltreatment in Foster Care. They documented this information and submitted it to the Regional Office and the Children’s Bureau. It is the understanding of the Children’s Bureau that Wisconsin is working on getting their data system ready to be able to report NCANDS DCDC data in the future.*
- b. *No numerator and denominator are shown for the Recurrence indicator because it is an average of two percentages. One calculation was 72 out of 973 = 7.40%. The other was 64 out of 973 = 6.58%. The average of these two estimates is 6.99%, as shown in the profile.*

II. POINT-IN-TIME PERMANENCY PROFILE	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	6,641		7,826		8,529	
Admissions during year	4,550		3,738		3,204	
Discharges during year	5,338		4,867		4,443	
Children in care on last day of year	5,853		6,697		7,290	
Net change during year	-788		-1,129		-1,239	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	110	1.9	105	1.6	105	1.4
Foster Family Homes (Relative)	444	7.6	502	7.5	512	7.0
Foster Family Homes (Non-Relative)	4,609	78.7	5,405	80.7	5,928	81.3
Group Homes	173	3.0	162	2.4	196	2.7
Institutions	450	7.7	489	7.3	513	7.0
Supervised Independent Living	0	0	0	0	0	0
Runaway	0	0	0	0	0	0
Trial Home Visit	0	0	0	0	0	0
Missing Placement Information	0	0	0	0	0	0
Not Applicable (Placement in subsequent year)	67	1.1	34	0.5	36	0.5
<b>III. Permanency Goals for Children in Care</b>						
Reunification	4,575	78.2	5,215	77.9	5,623	77.1
Live with Other Relatives	225	3.8	256	3.8	271	3.7
Adoption	531	9.1	588	8.8	625	8.6
Long Term Foster Care	229	3.9	285	4.3	348	4.8
Emancipation	54	0.9	52	0.8	57	0.8
Guardianship	0	0	0	0	0	0
Case Plan Goal Not Established	237	4.0	300	4.5	365	5.0
Missing Goal Information	2	0.0	1	0.0	1	0.0

NOTE: FFY 2000 and 2001 AFCARS data is incomplete; see state narrative on Out-of-Home Care/Permanency Data Profile data quality issues.

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	3,546	60.6	3,915	58.5	4,160	57.1
Two	1,264	21.6	1,499	22.4	1,680	23.0
Three	533	9.1	617	9.2	703	9.6
Four	277	4.7	350	5.2	384	5.3
Five	117	2.0	158	2.4	187	2.6
Six or more	114	1.9	156	2.3	175	2.4
Missing placement settings	2	0.0	2	0.0	1	0.0
V. Number of Removal Episodes						
One	4,596	78.5	5,214	77.9	5,565	76.3
Two	875	14.9	1,035	15.5	1,170	16.0
Three	217	3.7	270	4.0	324	4.4
Four	60	1.0	77	1.1	112	1.5
Five	22	0.4	27	0.4	39	0.5
Six or more	20	0.3	26	0.4	44	0.6
Missing removal episodes	63	1.1	48	0.7	36	0.5
VI. Number of children in care 17 of the most recent 22 months <sup>2</sup> (percent based on cases with sufficient information for computation)	2,632	54.1	3,821	68.0	5,138	83.4
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	18.5		26.8		35.8	

NOTE: FFY 2000 and 2001 AFCARS data is incomplete; see state narrative on Out-of-Home Care/Permanency Data Profile data quality issues,

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
<b>VIII. Length of Time to Achieve Perm. Goal</b>						
Reunification	3,307	5.3	2,838	4.3	2,568	4.3
Adoption	597	41.1	667	36.7	634	37.5
Guardianship	0	0	0	0	0	0
Other	1,427	10.3	1,355	9.0	1,233	10.3
Missing Discharge Reason	0	0	0	0	0	0
Missing Date of Latest Removal or Date Error <sup>3</sup>	7	NA	7	NA	8	NA
<b>Statewide Aggregate Data Used in Determining Substantial Conformity</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) <b>[Standard: 76.2% or more]</b>	2,485	75.0	2,274	79.9	2,075	80.6
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	114	19.1	167	25.0	134	21.1
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	5,272	95.2	4,436	94.9	3,784	95.4
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	1,013	22.3 (64% new entry)	959	26.7 (60% new entry)	992	31.0 (53% new entry)

**NOTE:** FFY 2000 and 2001 AFCARS data is incomplete; see state narrative on Out-of-Home Care/Permanency Data Profile data quality issues.

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	1,438	65.75	1,445	65.2	923	56.5
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	17	1.2	10	0.7	6	0.7
Foster Family Homes (Relative)	48	3.3	41	2.8	19	2.1
Foster Family Homes (Non-Relative)	1,048	72.9	1,119	77.4	679	73.6
Group Homes	163	11.3	136	9.4	121	13.1
Institutions	156	10.8	133	9.2	93	10.1
Supervised Independent Living	0	0	0	0	0	0
Runaway	0	0	0	0	0	0
Trial Home Visit	0	0	0	0	0	0
Missing Placement Information	0	0	0	0	0	0
Not Applicable (Placement in subsequent yr)	6	0.4	6	0.4	5	0.5
<b>III. Most Recent Permanency Goal</b>						
Reunification	1,252	87.1	1,208	83.6	777	84.2
Live with Other Relatives	39	2.7	55	3.8	27	2.9
Adoption	48	3.3	42	2.9	18	2.0
Long-Term Foster Care	24	1.7	36	2.5	14	1.5
Emancipation	22	1.5	17	1.2	16	1.7
Guardianship	0	0	0	0	0	0
Case Plan Goal Not Established	53	3.7	87	6.0	70	7.6
Missing Goal Information	0	0	0	0	1	0.1

**NOTE:** FFY 2000 and 2001 AFCARS data is incomplete; see state narrative on Out-of-Home Care/Permanency Data Profile data quality issues.

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (Continued)	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	1,143	79.5	1,207	83.5	716	77.6
Two	223	15.5	176	12.2	163	17.7
Three	59	4.1	47	3.3	30	3.3
Four	11	0.8	12	0.8	8	0.9
Five	1	0.1	3	0.2	3	0.3
Six or more	1	0.1	0	0	3	0.3
Missing placement settings	0	0	0	0	0	0
V. Reason for Discharge						
Reunification/Relative Placement	644	85.4	617	84.8	561	86.4
Adoption	11	1.5	5	0.7	5	0.8
Guardianship	0	0	0	0	0	0
Other	99	13.1	106	14.6	83	12.8
Unknown (missing discharge reason or N/A)	0	0	0	0	0	0
VI. Median Length of Stay in Foster Care	Number of Months		Number of Months		Number of Months	
	8.0 <sup>4</sup>		9.5 <sup>5</sup>		4.8 <sup>6</sup>	

NOTE: FFY 2000 and 2001 AFCARS data is incomplete; see state narrative on Out-of-Home Care/Permanency Data Profile data quality issues.

## FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY99, FY00, and FY 01 counts of children in care at the start of the year exclude 150, 134, and 135 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup> For the ASFA TPR requirement, the indicator used is *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. The outside date is used for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>The dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

<sup>4</sup> This First-Time Entry Cohort median length of stay was 8.0 months in FY99. This includes no children who entered and exited on the same day (who had a zero length of stay). Therefore, 'same day' children did not influence the median length of stay.

<sup>5</sup> This First-Time Entry Cohort median length of stay was 9.5 months for FY00. This includes 2 children who entered and exited on the same day (who had a zero length of stay). Such children do not technically meet the AFCARS definition of being in care for at least 24 hours. If these children were excluded, the median length of stay would be slightly higher, but would still round to 9.5 months.

<sup>6</sup> This First-Time Entry Cohort median length of stay is 4.8 months for FY01. This includes 3 children who entered and exited on the same day (who had a zero length of stay). Such children do not technically meet the AFCARS definition of being in care for at least 24 hours. If these children were excluded, the median length of stay would still round to 4.8 months.



## Section IV - Narrative Assessment of Child and Family Outcomes

### A. Safety

**Outcome S1:** Children are, first and foremost, protected from abuse and neglect.

**Outcome S2:** Children are safely maintained in their homes whenever possible and appropriate.

Based on examination of the safety data elements on the safety data profile in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

1. *Trends in Safety Data. Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.*

#### Data Summary

The method of reporting child abuse and neglect (CAN) reports and investigation results in transition from the paper CFS-40 form process to the use of the WiSACWIS system for document CAN report outcomes. The CFS-40 process has historically involved a considerable delay in making CAN information available for analysis. Some counties submit CFS-40 forms well after the deadline and forms often have to be returned to counties to correct errors in the use of allowable codes. DCFS provides progress reports to counties starting in the January for the prior calendar year (CY) to ensure that all CFS-40 forms are submitted. By the June due date for the federal NCANDS report, over 95% of the CFS-40 forms are coded into the state CAN database. Additional CFS-40 forms reports come in over the Summer and DCFS prepares a second CAN data run in the Fall for the state CAN report. A revised NCANDS report is also submitted based on the second CAN data run.

Milwaukee was the first county to use WiSACWIS for documenting maltreatment reports in CY 2001. Additional counties are using WiSACWIS and all counties will be using the system for documenting maltreatment reports by June 2004. Until the NCANDS detailed Child File is developed; WiSACWIS data is being added to the CAN database with CFS-40 data to provide statewide information.

The following table shows trends in state maltreatment reports and the outcomes of those reports. The data is taken from the annual state CAN report. The state CAN reports for CYs 1999, 2000 and 2001 are accessible via the Internet at the following URL:

<http://www.dhfs.state.wi.us/cwreview/reports.htm>

Based on data compiled for state-level reporting purposes, the following information best represents the total number of maltreatment reports and case findings for CY 1999, 2000, and 2001. A CAN report means an allegation of abuse or neglect involving a child, so one report equals one child. Since multiple children can be involved in a CAN investigation, the actual number of CAN investigations by child welfare agencies is less than the number of child reports. In addition, the

count of child reports represents a duplicated count, as there can be more than one report for a particular child.

<b>Child Safety Profile</b>	<b>1999</b>	<b>2000</b>	<b>2001*</b>
Child Population	1,392,189	1,368,756	1,368,756**
Total CAN Reports***	40,188	38,021	40,216
Reports Per 1,000	28.9	27.8	29.4
Substantiated Reports	11,937	10,144	9,795
Substantiated Reports	30%	27%	24%
Victims per 1,000	8.6	7.4	7.2
Abuse Likely to Occur	2,672	2,465	2,589
Victims per 1,000	1.9	1.8	1.9
Substantiated Findings***			
- Neglect	4,511	3,375	3,268
- Physical Abuse	2,418	1,867	1,844
- Sexual Abuse	4,949	4,853	4,606
- Emotional Abuse	72	48	77
Unsubstantiated Findings***			
- Neglect	13,043	11,413	11,629
- Physical Abuse	10,458	9516	10,016
- Sexual Abuse	5477	4853	4771
- Emotional Abuse	368	281	360

\* *Note: CY 2001 is the first year of blended data from CFS-40 forms and WiSACWIS data.*

\*\* *Note: CY 2000 census data was used for the 2001 child population.*

\*\*\* *Note: Case findings total more than the number of reports as individual reports may include more than one form of alleged maltreatment.*

### Analysis and Program Implications

A significant difference between Wisconsin and most other states is its practice of investigating reports of maltreatment by non-caregivers and of peer mutual sexual activity. Non-caregivers include strangers, neighbors, family friends, peer maltreators, or other non-caregivers. Mutual sexual activity is defined as consensual sexual activity between peers where one child is 15 years of age or younger.

Over the period of CYs 1999, 2000 and 2001, maltreatment by non-caregivers constitutes approximately 16%, 18% and 13%, respectively, of all substantiated maltreators. Maltreatment by non-caregivers is primarily sexual abuse and many of these cases result in criminal prosecution of the non-caregiver. In the sexual abuse category, findings of peer mutual sexual activity by teens constitute over 22% of all sexual abuse substantiations. The practice of including maltreatment by non-caregivers and mutual sexual activity between teens as substantiated CPS maltreatment cases results in Wisconsin having sexual abuse as a much higher share of total maltreatment than most

other states. Additional research regarding the type of reporter may be helpful to analyze substantiation patterns.

While there is a slight increase in the number of CAN reports indicated for CY 2001 as shown in the table above, this deviation from the trend is due to new data entry processes associated with the documentation of maltreatment reports in WiSACWIS. During CY 2001, Milwaukee was the only user of WiSACWIS for maltreatment reports except for a small county that came up late in 2001. The actual number of maltreatment reports in Milwaukee during CY 2001 is lower than the number received during CY 2000. It is expected that this pattern of increased will continue as other counties come up on WiSACWIS. DCFS is currently developing maltreatment policy and documentation protocol to ensure consistent documentation of new reports of maltreatment and the identification of additional allegations of maltreatment during the course of a CPS investigation.

The state total number of substantiations for child neglect decreased from 4,511 in CY 1999 to 3,268 in CY 2001, a decrease of 1,243 or 28% over the period. The number of substantiations for physical abuse decreased from 2,418 in CY 1999 to 1,844 in CY 2001, a decrease of 574 or 24% over the period.

Of the decreased substantiations, Milwaukee accounted for 1,142 of the decreased child neglect findings and 332 of the decreased physical abuse findings. Counties in the balance of state accounted for 101 of the decreased child neglect findings and 242 of the decreased physical abuse findings. The large decrease in substantiated findings in Milwaukee, particularly for child neglect, is partially attributable to the availability of the Safety Services program first implemented in 1998 which provides services to protect the safety of children in their own homes. Families can enroll in the Safety Services program voluntarily, without a substantiated finding necessary to access services. Other factors possibly contributing to the decrease in substantiated findings statewide are the use of similar in-home service programs in other counties and the implementation of the state's Caregiver Background Law in 1998. The Impact of the Caregiver Background Law is described in response to Safety Question 2.

The decrease in maltreatment substantiations is more striking when using a longer period of CAN data and examining maltreatment type and maltreater relationship. For example, in CY 1997 there were 5,723 substantiated findings of child neglect, 3,665 findings of physical maltreatment and 6,837 findings of sexual abuse. Compared with the CY 2001 numbers of 3,268 for child neglect, 1,844 for physical neglect, and 4,606 for sexual abuse, the 5-year trend is decreases of 43% for child neglect, 50% for physical abuse and 33% for sexual abuse.

This pattern of decreased substantiations is also illustrated in the decreases in persons found to be substantiated maltreators as a result of maltreatment allegation type. Much of the decrease in substantiations of siblings and peers for sexual abuse occurred between 1997 and 1999, reflecting the reluctance of child welfare agencies to substantiate siblings and peers as maltreators following implementation of the Caregiver Background Law.

	Parent or Step Parent Child Neglect	Parent or Step Parent Physical Abuse	Siblings or Step Siblings Sexual Abuse	Peers (Mutual Contact) Sexual Abuse
CY 1997	6,024	2,598	408	1,562
CY 1999	4,845	1,747	268	844
CY 2001	3,482	1,190	279	766
Change 1997-2001	-2,542	-1,408	-129	-796
% Change	-42%	-54%	-32%	-51%

**2. *Child Maltreatment (Safety Data Elements I & II). Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.***

Data Summary

It is important to note that under the CFS-40 form data collection method, information on screening practices associated with maltreatment reports is not available. Counties vary considerably in the extent maltreatment reports are screened in for CPS investigation, making it difficult to rely on the substantiation rate as a meaningful indicator for child safety. Information on report screening decisions is documented in WiSACWIS and will further advance the state understanding of child abuse and neglect reporting and investigation outcomes in the future.

As indicated above, there has been a decrease in the substantiation rate over the 3-year period:

- Substantiation rate for 1999 was 29.7 % (40,188 children reported, duplicated count)
- Substantiation rate for 2000 was 26.7% (38,010 children reported, duplicated count)
- Substantiation rate for 2001 was 24.4% (40,215 children reported, duplicated count)

This substantiation rate does not include maltreatment reports where a finding was made that abuse was found “Likely to Occur”. These findings are currently reported to NCANDS as “Other” findings. The trend of Abuse Likely to Occur findings has remained relative constant over the 3-year period. The use of this finding varies among counties, with some counties using this finding much more frequently than the state average.

Analysis and Program Implications

The types of reports screened in by counties for investigation have an impact on the substantiation rate. Counties that have the highest percentage of sexual abuse reports tend to have higher substantiation rates. Counties that have higher percentages of child neglect reports tend to have lower substantiation rates.

Wisconsin has experienced a substantial decline in the percentage with which child maltreatment reports are substantiated over the last five years with a high of 36% for CY 1997 and recent low of 24% for CY 2001. Based on local county agency self-assessments completed in 2001, the factors most frequently noted to have a significant impact on the substantiation of child protective service reports are as follows:

- Impact of legal discretion and/or standards of proof;
- Agency practice for child risk and safety assessment;
- Type of maltreatment reports received by the agency; and
- Agency intake and screening practice for maltreatment reports.

Consistent with major research on best practices, the CPS Investigation Standards have placed increasing emphasis on the identification of child safety concerns versus substantiation of child maltreatment allegations as way to understand and respond to children and families in need of protective services. In response to practice expectations established within these standards, many local child welfare agencies have developed and/or implemented more rigorous models for child abuse and neglect assessment and decision-making.

In addition to the formal practices used by the BMCW since its implementation in 1998, as of CY 2000, the use of formal risk and safety decision-making models by counties was as follows:

<i><b>Decision Making Practice</b></i>	<i><b>Percentage of Counties by Approach</b></i>			
	<i><b>Decision-Making Model/Tool</b></i>	<i><b>Formal Agency Process/Tool</b></i>	<i><b>Informal Agency Process</b></i>	<i><b>No Response Indicated</b></i>
CPS Investigation Risk Assessment	58%	33%	9%	--
CPS Investigation Safety Assessment	61%	33%	5%	1%

While data on screening practices is not available for all counties, many counties noted the considerable impact that agency screening practice has on substantiation rates. Screening and substantiation can also vary among counties based on expectations of the community or philosophy of the agency. Some counties screen in a lot more cases, in order to identify families that might need services. Other counties screen in certain cases because law enforcement agencies, the district attorney or schools might expect it.

DCFS conducted an informal survey with CPS supervisors in all five regions of the state in November of 2000 to ascertain the level of consistency in both the screening decision and the case finding determination. The supervisors were presented with a number of brief scenarios and asked two questions: 1) would they screen the report in or out, and 2) if they screened the report in and subsequently determined that the information in the scenario was accurate, would they substantiate. There was significant variation from county to county and even within counties in both the screening decision and the substantiation decision.

Under the CFS-40 process for maltreatment reports, it has not been clear that counties should maintain records of screened-out reports. WiSACWIS does maintain records, but it will be important for all local agencies to consistently document these contacts in the system to track what reports are screened out and the reason for the screen out decision. The current DCFS policy memo on screening has been in effect for nine years and should be updated to provide greater assistance to counties. Aspects of screening that require greater clarification include: what “seriously endangers a child’s physical health”, what behaviors and conditions constitute a threat of abuse/neglect, when to accept reports of past maltreatment that occurred some ago, and how to document the decision in WiSACWIS.

Based on the state CAN report for 2001, there is considerable variation among counties in the number of CPS reports received. The number of reports per 1,000 child population in 2001 varied from a low of 6.0 reports per 1,000 to a high of 95.9 reports per 1,000, with small population counties generally showing the greatest variation. This variation reflects county screening practices regarding which reports receive a formal CAN investigation and differences in community expectations about what types of potential abuse and neglect situations should be reported for investigation.

The Child Welfare Executive Steering Committee (ESC) identified inconsistency in screening as an area needing attention, with the likely need for state standards on screening reports and collection of data on screened reports. Data is needed to analyze variations in local agency screening practices, assess the impact of these variations and develop recommendations to promote consistency in screening decision-making. ESC recommendations include developing benchmarks for decision-making, standards or criteria for screening child maltreatment reports, and protocols for child welfare referrals for services.

Another factor affecting the number of reports is how CAN referrals are handled on cases open for child welfare services. The mock CFSR reviews conducted by DCFS in Fall 2002 identified inconsistency on how CAN referrals on open ongoing services cases are handled. The CPS Ongoing Services Standards and Practice Guidelines address referrals on open cases, but counties are still learning these standards and their implications for practice. Some counties do not assess new reports of maltreatment for ongoing services cases, but treat the new report only as information for the safety plan or family service plan. Other counties require an entirely new assessment using the CPS Investigation Standards be done by an initial assessment worker. Good practice dictates that the decision as to when a full investigation is needed be made on a case-by-case basis, within the parameters of always assuring that there be a thorough understanding of safety, risk and family needs. Clearer policy from DHFS may be needed in this area, as well as further support through training.

This dynamic of the impact of screening practices on the substantiation rate is particularly salient because of the variation in substantiation rates across counties. Based on the state CAN report for 2001, the annual substantiation rate varies significantly among counties with a high of 50% and a low of 12% for CY 2001. In general, the highest substantiation rates occur in counties with lower numbers of reports per 1,000 child population and the lowest rates occur in counties with higher numbers of reports per 1,000 child population.

The ESC identified the variation in case findings as an area needing attention. This variation has significant implications including how case findings can be used in legal proceedings, the ability of families to access services, state and federal CAN reporting, and the state performance on federal outcome measures relating to child safety. Appropriate and consistent application of case findings is critical to understanding child safety and to developing strategies to improve performance on federal outcome measures.

As part of their response to the local child welfare outcome assessment, counties noted the significance of legal standards of proof on substantiation decision-making. It is important to note that recent changes in federal and state laws, including the federal Child Abuse Prevention and Treatment Act (CAPTA) amendments of 1996 and the state Caregiver Background Law enacted in

1997, have affected child abuse and neglect decision making. The CAPTA changes include additional due processes procedures, such as the right to appeal maltreatment findings through a hearing process. The Caregiver Background Law likely has some impact on case finding decision making, because like similar laws enacted in other states, this law bars the employment of individuals found to have perpetrated child maltreatment in certain types of caregiving jobs.

The availability of appeal hearings and the impact of substantiations on employment have made child welfare agencies more cautious to ensure that substantiation findings meet the standards of evidence. Sometimes counties will unsubstantiate a case in order to avoid a child having to be put through testifying at an administrative appeal hearing or because the incident was isolated and unusual and would result in a person losing a license/job if substantiated. Child welfare agencies are also exercising more scrutiny that substantiation of maltreatment is appropriate given the circumstances of the case. Cases that may have previously been substantiated may not have actually met the state statutory definitions of abuse or neglect, which actually describe serious injuries or serious endangerment. DCFS has provided policy direction for making case findings, but the decision-making process should be reinforced through further training and technical assistance to county agencies.

The differences between counties in screening and case findings, along with the impact of external factors on the decision making process, suggest that there is a need to examine alternatives to the current options for making case findings.

***3. Cases Opened for Services (Safety Data Element III). Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.***

Data Summary

The Wisconsin CFSR Data Profile indicates that the rate that CPS cases received services decreased from 75% in 1999 to 68% in 2001. Under the CFS-40 form data collection method, counties do indicate the types of post-investigate services provided to families. However, because documentation of such services was not required as part of the actual documentation of safety and case plans, the degree to which counties reported accurately on the CFS-40 forms varies significantly from one county to another. Thus, the information shown in the CFSR Data Profile regarding the number of child cases opened for services is more likely a reflection of the number of services provided versus the number of children determined in need of further safety services following a CPS investigation.

Based on data in the state CAN reports for CYs 2000 and 2001, in cases where child safety concerns necessitated in-home services, the most frequently used in-home services were supervision and observation, family crisis counseling, parenting assistance and mental health services. As DCFS develops the detailed Child File for NCANDS reporting purposes, more detailed levels of analysis will be possible.

As a result of implementing a comprehensive in-home Safety Services program, BMCW has significantly reduced the use of out-of-home placements to control for child safety concerns.

Beginning in CY 2000 and continuing through CYs 2001 and 2002, BMCW information shows that approximately two-thirds of the families served by BMCW as a result of a CPS report are being successfully served in the Safety Services program. The remaining one-third of the families where child safety concerns resulted in the need for out-of-home placement are being served by the Ongoing Case Management program. This two-thirds ratio for Safety Services versus Ongoing Case Management has remained stable into CY 2003.

### Analysis and Program Implications

As prescribed by the CPS Investigation Standards, there are specific safety assessment and planning processes and tools to be used when evaluating child safety in response to an allegation of child maltreatment or other information indicating potential for harm to a child. The safety assessment and safety plan process support the least intrusive way of keeping a child safe and identifying ways to prevent child removal from the home.

As indicated in response to Safety Question #2 above, the emphasis for practice, training and continuing safety assessment and service planning is not related to substantiation, but rather to issues and concerns related to ensuring child safety. Some local child welfare agencies, including the BMCW, are making increasing use of creative approaches to practice and service delivery to promote timely and appropriate in-home services designed to ensure child safety. These efforts include use of time-limited, behavioral change-oriented services for family preservation, integrated service teams or wrap-around services to prevent removal and promote timely reunification, and use of family-group decision-making approaches to develop effective safety plans.

Further analysis of the identified safety concerns and the corresponding services delivered in response to these concerns is warranted, particularly in counties outside of Milwaukee given the maltreatment recurrence analysis presented below. Of great concern is whether cases where children are determined to be unsafe are routinely being opened for services and, if not, what are the barriers to accessing services regardless of the specific case finding.

Investigating maltreatment reports requires coordination with other service system interventions with families. For example, in domestic violence cases, to protect the safety of children and in the care of the non-offending parent, CPS interventions need to be targeted toward removing the risks caused by the batterer while assisting the adult victim in securing safety for herself and her children. These interventions can include civil restraining orders that remove the batterer from the home or prohibit access to the adult victim and children; advocacy and legal assistance for adult victims; court-mandated programs to reduce violence; probation monitoring of a batterer's compliance with court orders; and visitation or exchange orders that keep all family members safe. Although these interventions may not be effective with every family, they can be critical tools to enhance CPS efforts to achieve child safety.

It is also critical that CPS workers assess the protective factors that victims use in providing safety and stability for their children. CPS workers are most familiar with routine protective factors that adult victims use, including shelter services, calling law enforcement, or obtaining a restraining order. However, these factors alone do not always guarantee an adult victim and her children safety. An adult victim's decision not to use these options may be viewed by CPS as an inability of the victim to protect her child. Other protective factors that adult victims use are often misunderstood

by CPS workers such as 1) minimizing and denying the violence to avoid harm and retaliation by the batterer; 2) not leaving the batterer due to fear for harm to her or the children; 3) fighting back or defying the batterer; and 4) leaving the children with a relative or friend. By accounting for the full range of protective factors, CPS workers can help adult victims develop case-planning activities that best reflect strategies needed to achieve safety and stability for children.

The ESC identified access to services for families with child safety concerns as an area for attention. A case finding of substantiation is often necessary for families to receive child welfare services. Access to service should be examined to determine if substantiation of abuse or neglect is a primary factor for the availability of services.

Some counties have successfully implemented a social work-based, family assessment approach, clearly differentiating their practice from law enforcement investigative practice. Other counties continue to conduct incident-based investigations, not understanding the full requirements and implications of the CPS Investigative Standards. For some counties, implementation of the social work-based family assessment has not occurred because of local expectations to focus on incident-based assessments, limited training on conducting family-centered assessments, lack of local agency management support for family assessments, and the limited technical assistance available from DCFS.

Access to child welfare services should be based on family need rather than substantiation of or an incidence of maltreatment, but limited program resources and varying local expectations regarding the extent that child welfare should intervene in families results in different degrees of access to services across the state. In some counties, in order for a family to receive services, the case must be substantiated as a way to control costs or give priority to families with the greatest need for services. Substantiation routinely results in cases being opened for service and families having access to child welfare services. Through policies, standards, training and discussion with county agencies, DCFS has been communicating that the pivotal decision is whether a child is unsafe, rather than whether maltreatment is substantiated. Families with unsafe children clearly need services. Not all substantiated cases need services, especially those where the harm came from outside the family.

To address concerns that services be consistently available to families where children are unsafe, regardless of substantiation, the emphasis must be on child safety. Child welfare staff need additional training to:

- Understand the concept of child safety (both threats to safety and what behaviors and conditions support a safe environment);
- Communicate with county agency administrators regarding access to services based on safety and risk/need and based not on substantiation; and
- Work creatively in accessing community services and making services available in times of limited financial resources.
- Understand the need for domestic violence victim services in the child welfare system as a support to enhance child safety

Consistency in child safety plan development will help lead to better access to services. Although there has been extensive training provided on safety plan development, confusion still exists regarding the difference between safety plans and treatment plans. Safety plans should identify risks and services to control for safety and allow for services to be stepped up or stepped down as

appropriate over time. To develop effective safety plans, CPS workers need to work with families and their support network to address safety issues. Further training to county staff should be provided, DCFS also needs to support good practice to assure safety through program monitoring and technical assistance to supervisors. Additional policy in this area may also need to be developed, including assuring safety in ongoing services cases and controlling threats to safety while working on areas of change with families that will create and maintain a safe environment for children.

DCFS has also discussed an alternative response system for Wisconsin, but primarily as a way for counties to handle cases of threatened harm separate from the traditional CPS investigation approach and expectations of other systems such as law enforcement. Some counties are interested in experimenting with differential response approaches based on the experience of Minnesota and other states. If child welfare agencies consistently conduct family-centered assessments and develop effective safety plans for all cases, the assessments will identify the most appropriate service direction with less serious cases going to in-home services without a need for substantiation. Other more serious cases will receive substantiated case findings to support criminal prosecution of abuse or neglect and removal of the children from the home. Wisconsin can more effectively implement the current standards, increase training to develop skills of staff, provide a clear vision of what CPS staff should do, and support child welfare supervisors and program managers to provide guidance to staff.

***4. Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV). Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.***

**Data Summary**

According to the Wisconsin CFSR Data Profile, the rate of children entering care based on a maltreatment report dropped from a high of 21.1% in 1999 to a low of 14.3% in 2001. Similarly, local data sources indicate a decreased in the use of placement as the way in which child safety is ensured. In CY 1999, 3,787 cases resulted in child placement to ensure child safety, whereas in CY 2001, 2,833 cases resulted in child placement. This represents a 25% decrease over the 3-year period in the use of foster care placements as an outcome of CPS investigations.

There is an interesting occurrence in the data which is repeated in the various data elements: Although the rate of substantiation has significantly decreased, the rates that cases open for services and children are placed in out-of-home care has also decreased. Logically, if the substantiation rate has decreased, those remaining substantiated cases are more likely to have safety issues requiring further intervention. Therefore, one would presume that the percentage of substantiated cases opened for services or receiving out-of-home care services would increase. This pattern suggests there may be problems with the service data that should be investigated.

## Analysis and Program Implications

As noted previously, there has been a significant decrease in the use of out-of-home care in Milwaukee County through the BMCW Safety Services program. The placement caseload in Milwaukee County accounts for about one-half of (point-in-time count) of the statewide placement caseload during the 3-year period, and an even higher share of the placements attributable to child maltreatment since the caseload in other counties includes juvenile justice cases.

Potential reasons for the decreased use of placement include:

- The extent to which implementation of the CPS Investigation Standards and the impact of training on safety assessment, in-home safety planning, and separation and loss issues might have impacted understanding and decision making in this area.
- The extent to which increased use of in-home safety services and the development of more formalized in-home service programs have reduced the need for placement to ensure child safety. Statewide implementation of the Promoting Safe and Stable Families (formerly Family Preservation and Support) program was completed in the late 1990s. Additional funds were made available under the IV-E Incentive program to counties beginning in 1998 for services to prevent placement of children.
- In some areas the availability of placement resources has decreased, resulting in increased use of other services instead of placement and limiting placement to the children in the most serious need of protection.

### **5. *Child Fatalities (Safety Data Element V). Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.***

#### Data Summary

Based on the Wisconsin CFSR Data Profile, the following chart represents data for the number of child fatalities due to child maltreatment for CY 1999, 2000, and 2001:

<b>Child Fatalities due to Abuse or Neglect</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
	11	10	17

The data includes only those fatalities where the death was attributable to substantiated child abuse and neglect, as determined by a CPS investigation. There are other child fatalities that may involve a CPS investigation, but the deaths are not attributable to abuse or neglect.

These figures are consistent with state CAN data as reported in the state annual CAN report. It is important to note that the number of child fatalities fluctuate considerably from year, making comparison from year-to-year difficult. Over the last ten years, the number of child fatalities attributable to abuse or neglect deaths due to child abuse or neglect has ranged from a high of 20 in 1991 and 1993 to a low of 10 in 2000. Given the fluctuations from year to year, it is misleading to draw conclusions about fatality trends from only a 3-year period. The 2001 figure of 17 deaths appears higher than 1999 or 2000, but it is within the historical range of 10 - 20 deaths per year.

Of the 11 child fatalities in 1999, five deaths involved children under the age of 1, five deaths involved children age 1 - 4, and one death involved a child over the age of 4. Of the 10 fatalities in 2000, four deaths involved children under the age of 1, one death involved a child age 1 - 4, and five deaths involved children over the age of 4. In 2001, nine deaths involved children under the age of 1, seven deaths involved children age 1 - 4 and one death involved a child over the age of 4.

There are no discernible changes in the patterns from 1999 to 2001 in terms of the age, sex or relationship of the maltreater to the child victims.

### Analysis and Program Implications

Child fatalities must be reported by county agencies to DCFS when the child's death is related to child abuse or neglect. In these cases, the CPS Investigations Standards for investigating the alleged maltreatment apply and a case finding is determined at the conclusion of the investigation. Both unsubstantiated and substantiated reports involving a child's death are reported to and maintained by DCFS. Other child fatalities, not related to alleged child deaths, may be subject to fatality reviews administered by other state and local jurisdictions.

Some counties have a local child fatality review team, sponsored by the local community and the county agency. Review procedures for these teams vary as do the role they serve to local child welfare agencies and their communities. In addition, county agencies may have policies specific to their county as to when they might conduct an internal review. The Milwaukee County Child Fatality Review Panel includes BMCW and provides recommendations for system improvements. Additional efforts are made by the BMCW and local child welfare agencies to coordinate investigations of child deaths with local law enforcement. These expectations may be articulated through formal Memoranda of Understanding between the two agencies and other key local stakeholders.

DCFS reviews child deaths and other egregious incidents upon request from county agencies. These county reviews are used by DCFS to identify the need for clarification of state policy or additional training for county staff.

There may be connections between child fatalities due to abuse and domestic violence homicides. The relationships between incidents should be explored.

6. ***Recurrence of Maltreatment (Safety Data Element VI). Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.***

### Data Summary

As described in response to Question #1, due to limitations of the CFS-40 data and pending statewide implementation of WiSACWIS, the DCFS has been unable to measure maltreatment recurrence to date. To get an estimate of maltreatment recurrence, alternate data was developed using a random sample of child abuse and neglect reports from county CFS-40 and WiSACWIS data for the BMCW in Milwaukee County. Based on the alternate survey methodology described

previous, the rate of maltreatment recurrence in Wisconsin is estimated at approximately 7% of children had a recurrence of substantiated maltreatment within six months or a prior maltreatment. The federal performance measure for maltreatment recurrence is 6.1%, meaning Wisconsin exceeds the federal performance measure by approximately 0.9%.

The recurrence rate varies significantly within the state. Based on the sample, Milwaukee County had an estimated recurrence rate of about 4.3% in CY 2001 with Milwaukee accounting for about 33% of the total maltreatment reports and 27% of the substantiations in that year. The 71 counties in the balance of state had an estimated recurrence rate of 8.5% for CY 2001, with the balance of state accounting for about 73% of substantiations. While the overall sample is statistically valid, it is not feasible to estimate maltreatment recurrence rates for individual counties due to the limited sample size in each county.

For the BMCW and other counties that have implemented WiSACWIS, a report to capture maltreatment recurrence data consistent with the federal report logic has been developed. The preliminary results of this report for Milwaukee County indicate internal consistencies between the report and the alternate 2001 survey data used to estimate the maltreatment recurrence rate for Milwaukee County. The WiSACWIS report will provide a valuable tool to measure maltreatment recurrence until development of the NCANDS Child File is complete. Continued surveys of counties still using CFS-40 forms may be necessary to have sufficient statewide data to estimate maltreatment recurrence for CY 2002 and subsequent years.

### Analysis and Program Implications

One factor in understanding Wisconsin's maltreatment recurrence rate is the unique state practice of doing CPS investigations for allegations involving non-caregivers and allegations related to peer mutual sexual activity. Counting maltreatment by non-caregivers and teen mutual sexual contact increases the number of substantiations and the recurrence rate in Wisconsin. Children are sometimes harmed by non-caregivers under circumstances that could not be prevented by CPS intervention. Mutual sexual activity among teens is a significant percentage of sexual abuse reports and these cases can involve multiple incidents of the mutual activity that could not be prevented by CPS intervention.

The CPS Investigation Standards promote the early identification and involvement of CPS through the identification of issues that may lead to a higher risk of maltreatment, even if a child has not been harmed at the point of the investigation.

Based on these factors, the analysis of the maltreatment recurrence survey results indicate the following information regarding the type of the subsequent maltreatment:

- 62% of the recurring substantiations did not involve the same forms of maltreatment.
- Of the recurring cases where the same forms of maltreatment were identified, 41% were related to neglect, 40% were related to sexual abuse, and 13% were related to physical abuse.
- Of the recurring sexual abuse cases, approximately half were related to peer sexual maltreatment.

Additional analysis of the maltreatment recurrence survey regarding the identified maltreater and the maltreater's caregiver status indicates the following results:

- Approximately 41% of the cases did not involve the same type of maltreater.
- Of the cases where the maltreater role was identified to be the same, 86% were maltreatment by a parent or parent figure and 12% were related to peer maltreatment.
- Of the repeat incidents of sexual abuse, none involved maltreaters in a primary caregiving role.

About 64 % of the cases included in the survey did not have the same maltreater or maltreatment type. For the remaining cases, consistent with the state trend of neglect being the most frequently reported form of maltreatment, the most common result involves a parent as the maltreater and neglect as the form of maltreatment.

The above results indicate the need for further analysis into the assessment, decision-making and service delivery associated with families where some form of child neglect has been identified as a primary child safety concern. Based on state CAN data for CY 2001, cases of neglect are second only to emotional abuse for resulting in court involvement and were the least likely of all forms of maltreatment cases to be referred for community services at the conclusion of an investigation. In addition, routine investigation of non-caregiver and peer sexual activity cases, regardless of a subsequent recurring incident, suggest further policy examination. These sexual abuse reports, the associated investigations, and subsequent substantiations significantly impact the state performance on the federal maltreatment recurrence measure.

***7. Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI). Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements.***

Data Summary

As discussed earlier, the rate of maltreatment of children in out-of-home care is estimated based on CFS-40 data for CY 2001. The number of CFS-40 forms identifying the maltreater role as foster parent or residential facility staff in 2001 was reviewed. This included maltreatment in out-of-home care reports for Milwaukee County, as the BMCW was still using CFS-40 forms for independent investigations in 2001. The CFS-40 forms were checked with other information to eliminate duplicate reports and ensure that the maltreater role was reported correctly.

Based on the alternate data, DCFS estimates that Wisconsin has a rate of maltreatment in out-of-home care of 0.61% for CY 2001, meaning that of the children in out-of-home care during the year, 0.61% of the children in placement were maltreated by a foster parent or facility staff persons. The federal performance measure for maltreatment in out-of-home-care is 0.57%, so Wisconsin slightly exceeds the federal measure for CY 2001.

Of the reports of maltreatment while in care, about 90% of the reports involve foster parents and only about 10% involve residential facility staff. This pattern has been fairly consistent over the years. So the primary concern with this performance measure is maltreatment by foster parents.

Of the cases involving maltreatment by foster parents, about 75% of the reports in 2001 involved foster care providers licensed by the BMCW. During these years, BMCW accounted for about 50%

of the point-in time out-of-home care caseload. BMCW has a higher share of children placed with foster parents, about 90% versus counties in the balance of state at about 80% that use residential facilities more for juvenile justice cases and other types of cases. So it is logical that BMCW should account for roughly 55% of the statewide instances of maltreatment by foster parents.

However, it is important to note that CY 2001 appears to be an unusual year regarding the number of CAN reports involving foster parents in Milwaukee. Based on estimates for previous years and preliminary data for CY 2002, it appears that the number of incidents of maltreatment by foster parents in Milwaukee County is more proportional to the Milwaukee share of the foster care caseload. A possible explanation for the higher number of CAN reports involving Milwaukee foster parents in CY 2001 is the turnover in the agency contracted to perform foster home licensing contract for the BMCW. Increases in the frequency of contact by BMCW staff during the transition and the emphasis on improving the quality of foster homes may have resulted in more maltreatment reports in 2001 in Milwaukee.

It appears that the unusual situation in Milwaukee for CY 2001 resulted in Wisconsin not meeting the federal performance measure on a one-time basis. With the exception of CY 2001, it appears that Wisconsin has consistently met this federal performance measure.

Wisconsin has not routinely included unlicensed relatives caring for children under court order and receiving payments under the Kinship Care program as foster parents for purposes of defining maltreatment relationships. To date, maltreatment by Kinship Care provider relatives would likely be recorded as a relative maltreatment for CAN reporting purposes and not be included in the federal performance measure. The inclusion of court-ordered Kinship care as out-of-home care was clarified in 2001 Wisconsin Act 109. DCFS needs to examine the extent of maltreatment by court-ordered Kinship Care providers and how these cases should impact the federal performance measure.

### Analysis and Program Implications

Child safety in foster care placement settings is addressed as part of state statutes and licensing standards for foster care providers, as described in the previous responses to Section II. G. of the Statewide Assessment and under the CPS Investigations Standards. Assessment of the safety of a placement resource and documentation of the results of this assessment are required. The current safety assessment instrument for out-of-home placements includes the following questions associated with assuring a child's safety in a potential placement resource:

- Whether the child being placed exhibits behaviors presenting a danger to other children in the facility.
- Whether other children or other residents of the facility have behaviors that present a danger to the child being placed.
- Whether the foster parents need additional training or support to keep the child safe.
- What the safety plan is, which can include additional supervision, additional house rules or additional treatment.

The existing policy direction offers limited guidance to local agencies, however, and will be expanded based on county-state workgroup efforts and available research. DCFS is currently working with the Child Welfare Training Partnerships to provide ongoing Foster Family Assessment training to county agencies. Additional technical assistance to local agency foster care coordinators

so they can more effectively assess foster homes and support homes during stressful times of the placement will also assist to reduce maltreatment by foster parents.

The competency-based, pre-service training initiative will help to ensure that foster parents understand their responsibilities to protect children and to use appropriate discipline. For example, among foster parents the use of corporal punishment is one of the significant concerns relating to maltreatment while in care. Emphasizing alternative forms of discipline through foster parent training will help to reduce the occurrence of maltreatment while in care.

In Milwaukee, the 2001 change in licensing contractors is improving foster home licensing practices, which will better ensure the safety of children while in care. BMCW has implemented other measures to continue increasing the quality of foster homes that are licensed through the contract agency, First Choice for Children (FCFC). For instance, all new foster parents are now required to take the 36-hour PACE (Partners and Alternate Care Education) pre-service training to increase their skills as foster parents prior to taking children. Existing foster parents are required to complete the PACE training prior to license renewal. Licensing Specialists from FCFC also monitor the foster homes on a regular basis. Foster homes that have been licensed less than one year are visited at least on a monthly basis and foster homes that have been licensed for over one year are visited at least every two months, with the requirement that the Licensing Specialist contact the foster home in the months between home visits. FCFC has also developed Support Plans with every foster home to address the needs and concerns of the foster family. The Support Plans are reviewed with the Licensing Specialist no less than every 90 days.

To further ensure contractor compliance with the above-referenced minimum levels of performance, BMCW Program Evaluation Management staff conduct regular monthly monitoring of FCFC to ensure the timely issuance of new applications and applications for renewal. The monthly monitoring also reviews for compliance with face-to-face visits with foster parents, foster parent training, foster family assessments and licensing standards.

**8. *Other Safety Issues. Discuss any other issues of concern, not covered above or in the data profiles that affect the safety outcomes for children and families served by the agency.***

In 2003, DCFS has requested technical assistance days from the National Resource Center for Child Maltreatment. The resource center will be utilized to examine issues related to child safety and then enhance the CPS Investigation Standards to reflect this information. In particular, issues related to CPS and domestic violence will be included in the revision of the CPS Investigation Standards to provide better direction to county agency staff. Additionally, this technical assistance will include revisions of the current training curriculum related to child safety to assure that threats to safety are identified and controlled for throughout the life of a CPS case.

## **B. Permanency**

**Outcome P1: Children have permanency and stability in their living situations.**

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

**Based on examination of the foster care data in the two foster care profiles in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.**

### General State Comments on Permanency Data:

For Wisconsin, the federal term "foster care" means out-of-home care including family foster care, treatment foster care, group homes and non-secure residential care centers. 2001 Wisconsin Act 109 (Act 109) clarified that court-ordered Kinship Care is included in out-of-home care for permanency planning purposes. Kinship Care cases are now being included in federal AFCARS files, but were not included in the Federal Fiscal Years (FFYs) 1999 - 2001 period for the permanency portion of the Wisconsin CFSR data profile.

As noted in the state comments on the Wisconsin CFSR data profile, due to technical problems with the AFCARS submissions, the case counts in the data profile represent a significant undercount of the total number of children in out-of-home care. DCFS is in the process of resubmitting corrected AFCARS files that will provide more complete information. The corrected AFCARS files will include WiSACWIS data and will more allow for accurate computation of Wisconsin's performance on the federal permanency measures.

For the CFSR Data Profile, significant differences can be seen in permanency patterns between FFY 2000 and FFY 2001. It is important to note that these differences are due primarily to the problems with the AFCARS files submissions for those years. As described earlier, DCFS was not able to integrate WiSACWIS data for BMCW in the AFCARS file for the FFY 2000 B and the FFY 2001 A and B periods. Also, by running the files for retroactive periods, problems in the AFCARS file logic excluded large numbers of cases statewide. For example, the information regarding number of children in care more than 17 months and the average length of stay is particularly distorted by the missing data. The FFY 1999 data on placement type and permanency goals is the most accurate of the three years in the CFSR Data Profile.

For purposes of analyzing permanency outcomes, the permanency data from CFSR data profile is used to respond to Permanency Questions 1 - 10 along with other state information on out-of-home care caseload trends. The primary source of state permanency data is the Children in Out-of-Home Care in Wisconsin- 1990 through 1999 report issued in October 2001. In addition, the analysis uses state permanency outcome reports based on the federal performance measures developed using HSRS Substitute Care Module and preliminary WiSACWIS data.

- 1. Trends in Permanency Data. Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.***

## Data Summary

Foster Care Caseload: For the number of children in care, the CFSR permanency data profile data represents an undercount of the number of children in placement due to large numbers of cases being excluded from the AFCARS file. See the explanation of the AFCARS data quality issues in the data profile section of the assessment for more detail.

The following caseload tables show the year-end (point-in-time) out-of-home care caseload data for CY 1999 - 2002. The tables show both foster care and court-ordered kinship care (COKC) case counts to identify the total population of children in placement under court order. 2001 Wisconsin Act 109 clarified that COKC cases are out-of-home care cases subject to permanency planning. These state caseload tables provide a more accurate reflection of the foster care case counts and caseload trends in Wisconsin than the CFSR permanency data profile. In addition, COKC cases are only tracked in WiSACWIS, meaning that the full COKC caseload will not be reflected in state AFCARS files until after the last of the counties begins using WiSACWIS in June 2004.

Based on the Children in Out-of-Home Care in Wisconsin- 1990 through 1999 report, the statewide foster care caseload increased in the 1990's, similar to the national experience of other states. Foster care caseload increases continued through CY 1999 in Milwaukee County (BMCW since 1998) before beginning to stabilize in late 1999 and early 2000. Once stabilized, the BMCW Milwaukee caseload began decreasing in late 2000 with significant decreases occurring in 2001 and 2002. Since December 1999, the Milwaukee foster care caseload has decreased by over 1,700 children and the overall out-of-home care caseload has decreased by over 2,200 children. The Milwaukee caseload reduction is attributable to the Safety Services program reducing the number of entries to care and the Ongoing Case Management program achieving higher rates of permanency for children in care.

Foster care caseloads in the balance of state stabilized in CY 1996 and the foster care caseload in the balance of state has remained relatively constant since. Caseloads in balance of state counties fluctuate from year to year, particularly in rural counties. Beginning in 2001 and continuing in 2002, there appears to be a pattern of slightly reduced caseloads in the balance of state particularly in urban counties. It is unclear at this point if this trend for the balance of state is due to reduced entries or increased exits.

**OUT-OF-HOME CARE CASELOAD COUNT FOR DECEMBER 1999**  
Case Counts Include Foster Care (FC) and Court-Ordered Kinship Care (COKC)

<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>	<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>
Adams	23	11	34	Marinette	15	0	15
Ashland	24	0	24	Marquette	12	0	12
Barron	57	0	57	Menominee	14	0	14
Bayfield	12	0	12	Milwaukee **	5,319	1,459	6,778
Brown	125	1	126	Monroe	26	0	26
Buffalo	12	0	12	Oconto	32	0	32
Burnett	16	0	16	Oneida	53	7	60
Calumet	17	0	17	Outagamie	59	10	69
Chippewa	43	0	43	Ozaukee	14	4	18
Clark	22	0	22	Pepin	2	1	3
Columbia	38	2	40	Pierce	23	0	23
Crawford	18	0	18	Polk	36	0	36
Dane	452	22	474	Portage	33	7	40
Dodge	65	1	66	Price	7	0	7
Door	7	0	7	Racine	231	0	231
Douglas	41	0	41	Richland	9	3	12
Dunn	52	1	53	Rock	233	11	244
Eau Claire	105	11	116	Rusk	18	0	18
Florence	2	0	2	Saint Croix	18	1	19
Fond du Lac	68	15	83	Sauk	55	6	61
Forest	16	0	16	Sawyer	14	3	17
Grant	20	0	20	Shawano	2	2	4
Green	31	1	32	Sheboygan	85	0	85
Green Lake	17	0	17	Taylor	17	0	17
Iowa	25	0	25	Trempealeau	8	0	8
Iron	3	0	3	Vernon	22	0	22
Jackson	10	0	10	Vilas	15	0	15
Jefferson	34	6	40	Walworth	80	0	80
Juneau	22	0	22	Washburn	28	0	28
Kenosha	347	59	406	Washington	33	4	37
Kewaunee	3	0	3	Waukesha	84	23	107
LaCrosse	135	2	137	Waupaca	29	2	31
Lafayette	15	0	15	Waushara	21	0	21
Langlade	24	5	29	Winnebago	117	34	151
Lincoln	8	1	9	Wood	75	0	75
Manitowoc	86	0	86				
Marathon	143	11	154	State Adopt Prgrm **	502	N.A.	502
				Tribes		43	43
<b>State Total</b>					<b>9,479</b>	<b>1,769</b>	<b>11,248</b>

**Notes:**

1. Foster Care caseload includes children placed in family foster care, treatment foster care, group homes and residential care centers. Data is taken from HSRS, WiSACWIS (\*) or other program statistics (\*\*).
2. Court Ordered Kinship Care caseload includes children in the TANF Kinship Care program with a court order for child welfare services. Caseload data is from Kinship Care program data reporting by counties.

**OUT-OF-HOME CARE CASELOAD COUNT FOR DECEMBER 2000**  
Case Counts Include Foster Care (FC) and Court-Ordered Kinship Care (COKC)

<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>	<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>
Adams	18	11	29	Marinette	17	0	17
Ashland	25	3	28	Marquette	18	0	18
Barron	52	2	54	Menominee	12	0	12
Bayfield	11	0	11	Milwaukee **	5,191	1,515	6,706
Brown	130	3	133	Monroe	41	0	41
Buffalo	15	0	15	Oconto	23	0	23
Burnett	25	0	25	Oneida	52	4	56
Calumet	14	0	14	Outagamie	51	12	63
Chippewa	53	0	53	Ozaukee	13	4	17
Clark	31	0	31	Pepin	4	1	5
Columbia	39	3	42	Pierce	28	0	28
Crawford	14	2	16	Polk	32	0	32
Dane	463	50	513	Portage	35	12	47
Dodge	70	1	71	Price	15	0	15
Door	14	5	19	Racine	230	0	230
Douglas	41	2	43	Richland	13	0	13
Dunn	49	4	53	Rock	198	8	206
Eau Claire	111	14	125	Rusk	19	0	19
Florence	1	0	1	Saint Croix	20	1	21
Fond du Lac	87	23	110	Sauk	60	7	67
Forest	7	0	7	Sawyer	17	4	21
Grant	26	0	26	Shawano	10	2	12
Green	26	1	27	Sheboygan	87	2	89
Green Lake	15	0	15	Taylor	20	2	22
Iowa	20	2	22	Trempealeau	8	0	8
Iron	1	0	1	Vernon	16	0	16
Jackson	19	0	19	Vilas	19	0	19
Jefferson	33	6	39	Walworth	71	0	71
Juneau	17	1	18	Washburn	22	0	22
Kenosha	397	72	469	Washington	39	1	40
Kewaunee	7	1	8	Waukesha	82	33	115
LaCrosse	156	2	158	Waupaca	32	8	40
Lafayette	12	0	12	Waushara	17	0	17
Langlade	31	5	36	Winnebago	168	33	201
Lincoln	6	1	7	Wood	82	1	83
Manitowoc	108	2	110	State Adopt Prgrm **	588	N.A.	588
Marathon	160	18	178	Tribes		60	60
<b>State Total</b>					<b>9,654</b>	<b>1,944</b>	<b>11,598</b>

**Notes:**

1. Foster Care caseload includes children placed in family foster care, treatment foster care, group homes and residential care centers. Data is taken from HSRS, WiSACWIS (\*) or other program statistics (\*\*).
2. Court Ordered Kinship Care caseload includes children in the TANF Kinship Care program with a court order for child welfare services. Caseload data is from Kinship Care program data reporting by counties.

# **OUT-OF-HOME CARE CASELOAD COUNT FOR DECEMBER 2001**

Case Counts Include Foster Care (FC) and Court-Ordered Kinship Care (COKC)

<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>	<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>
Adams	31	7	38	Marinette	16	1	17
Ashland	20	0	20	Marquette	17	1	18
Barron	66	2	68	Menominee	14	0	14
Bayfield	4	0	4	Milwaukee **	4,672	1,224	5,896
Brown	132	26	158	Monroe	38	4	42
Buffalo	14	1	15	Oconto	15	0	15
Burnett	21	2	23	Oneida	84	6	90
Calumet	21	0	21	Outagamie	41	16	57
Chippewa	39	0	39	Ozaukee	17	3	20
Clark	31	0	31	Pepin	2	4	6
Columbia	27	13	40	Pierce	23	0	23
Crawford	11	6	17	Polk	35	0	35
Dane	429	60	489	Portage	36	7	43
Dodge	58	7	65	Price	11	0	11
Door	12	6	18	Racine	214	0	214
Douglas	27	3	30	Richland	11	0	11
Dunn	57	3	60	Rock	174	16	190
Eau Claire	103	20	123	Rusk	6	0	6
Florence	3	0	3	Saint Croix	17	4	21
Fond du Lac	95	22	117	Sauk	63	11	74
Forest	7	1	8	Sawyer	23	0	23
Grant	16	0	16	Shawano	3	0	3
Green	20	3	23	Sheboygan	73	12	85
Green Lake	21	2	23	Taylor	13	2	15
Iowa	21	2	23	Trempealeau	11	2	13
Iron	2	0	2	Vernon	18	2	20
Jackson	11	1	12	Vilas	22	0	22
Jefferson	40	12	52	Walworth	55	5	60
Juneau	13	1	14	Washburn	22	1	23
Kenosha	338	54	392	Washington	38	6	44
Kewaunee	9	3	12	Waukesha	91	38	129
LaCrosse	144	8	152	Waupaca	26	5	31
Lafayette*	9	2	11	Waushara	16	0	16
Langlade	30	3	33	Winnebago	187	34	221
Lincoln	4	0	4	Wood	96	1	97
Manitowoc	94	6	100	State Adopt Prgrm **	513	N.A.	513
Marathon	158	27	185	Tribes		59	60
<b>State Total</b>					<b>8,851</b>	<b>1,767</b>	<b>10,619</b>

## **Notes:**

1. Foster Care caseload includes children placed in family foster care, treatment foster care, group homes and residential care centers. Data is taken from HSRs, WiSACWIS (\*) or other program statistics (\*\*).
2. Court Ordered Kinship Care caseload includes children in the TANF Kinship Care program with a court order for child welfare services. Caseload data is from Kinship Care program data reporting by counties.

# **OUT-OF-HOME CARE CASELOAD COUNT FOR DECEMBER 2002**

Case Counts Include Foster Care (FC) and Court-Ordered Kinship Care (COKC)

<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>	<u>COUNTY</u>	<u>FC</u>	<u>COKC</u>	<u>TOTAL</u>
Adams	16	10	26	Marinette	14	3	17
Ashland	24	2	26	Marquette	11	2	13
Barron	69	1	70	Menominee	13	0	13
Bayfield	6	0	6	Milwaukee **	3,594	976	4,570
Brown	135	68	203	Monroe	40	10	50
Buffalo	4	0	4	Oconto	17	4	21
Burnett	18	2	20	Oneida	47	2	49
Calumet	16	2	18	Outagamie	47	24	71
Chippewa	35	1	36	Ozaukee	13	8	21
Clark*	36	3	39	Pepin	2	1	3
Columbia	23	13	36	Pierce	18	1	19
Crawford	13	6	19	Polk*	40	2	42
Dane	397	74	471	Portage	25	7	32
Dodge	70	18	88	Price	11	1	12
Door	18	3	21	Racine*	208	0	208
Douglas	28	3	31	Richland*	13	6	19
Dunn	31	6	37	Rock	187	14	201
Eau Claire*	137	39	176	Rusk*	7	0	7
Florence	4	0	4	Saint Croix*	23	4	27
Fond du Lac	100	27	127	Sauk	45	17	62
Forest*	8	2	10	Sawyer	14	2	16
Grant*	28	0	28	Shawano	4	1	5
Green	20	6	26	Sheboygan*	67	23	90
Green Lake*	16	2	18	Taylor	14	8	22
Iowa*	16	13	29	Trempealeau	8	2	10
Iron	5	1	6	Vernon	17	2	19
Jackson*	12	8	20	Vilas	15	0	15
Jefferson*	43	16	59	Walworth	48	8	56
Juneau	11	1	12	Washburn	17	4	21
Kenosha*	262	101	363	Washington	33	3	36
Kewaunee	14	3	17	Waukesha	98	44	142
LaCrosse	119	7	126	Waupaca	32	4	36
Lafayette*	16	2	18	Waushara*	9	1	10
Langlade	22	1	23	Winnebago*	186	93	279
Lincoln	8	1	9	Wood	95	10	105
Manitowoc	68	13	81				
Marathon	158	24	182	State Adopt Prgrm **	492	N.A.	492
				Tribes		97	60
<b>State Total</b>					<b>7,530</b>	<b>1,863</b>	<b>9,356</b>

**Notes:**

1. Foster Care caseload includes children placed in family foster care, treatment foster care, group homes and residential care centers. Data is taken from HSRS, WiSACWIS (\*) or other program statistics (\*\*).
2. Court Ordered Kinship Care caseload includes children in the TANF Kinship Care program with a court order for child welfare services. Caseload data is from Kinship Care program data reporting by counties.

The TANF kinship care program began in September 1997, replacing the child-only payments to Non-Legally Responsible Relatives (NLRR) under the former AFDC program. When the kinship care program was initiated, no data was available on the number of children placed with relatives under a CHIPS order that previously received AFDC NLRR payments. Most of these NLRR placements with court orders were in Milwaukee and were converted to COKC cases when BMCW began operation in 1998. Based on the state caseload tables, the number of COKC cases peaked in 2001 with Milwaukee accounting for approximately 80% of the COKC cases. Since 2001, the number of Milwaukee COKC cases has decreased significantly, with these children generally achieving permanency through guardianship or permanent placement with a relative and the CHIPS order expiring. These cases typically continue to receive a kinship care payment on a voluntary basis. The number of COKC cases in the balance of state has increased from approximately 300 in 1999 to approximately 900 in 2002. This suggests an increased use of kinship care payments for relative placements in the balance of state.

Foster Care Population: Historical state data shows that of the children in out-of-home care (point-in-time), Caucasian children for 42% of children in care, African-American children account for 51%, Native American children for over 3%, and Asian children for about 1%. Children of Hispanic ethnicity account for about 5.5% of children in care. Children of color, particularly African-American children, are over-represented in out-of-home care, compared with their proportion of the child population in the state.

The over-representation is more pronounced when looking at entry patterns. Based on historical state data, Caucasian children account for about 63% of entries to care, African-American children account for about 30% of entries, Native American children for about 5% of entries and Asian children for 2% to 3% of entries. This shows that African-American children in particular tend to have longer stays in care since they account for a higher share of the point-in-time caseload.

Of the children in out-of-home care, historical point-in-time data shows that about 54% of the children are male and that the age breakdown is 17% age 0-14 years, 36% age 5-11, 18% age 12-14 and 29% age 15 or older. Children can remain in care in Wisconsin up to age 19 if they are expected to complete high school. The share of older children and males in care are higher in the counties outside of Milwaukee, reflecting largely the population of juvenile justice case in care. Looking at historical state entry data, older children account for a larger share of the entries to care over the year, with children age 12 and older accounting for 55% of the total entries to care. Many of these older children have short stays in care and may be a contributing factor to the high rate of re-entry to care in Wisconsin.

Legal Status of Cases: For the legal status of children in care at the time of entry to care, protective services (CHIPS) cases account for about 62% of statewide entries to care, juvenile status offender (JIPS) cases for about 4%, juvenile delinquent cases for about 28%, and voluntary placements for about 6%. Voluntary placements must be converted to court-ordered placements to remain in care for more than six months. The CHIPS cases tend to have longer stays in care, accounting for about 80% of the point-in-time caseload. Thus while juvenile justice (JIPS and delinquent) cases account for over 30% of the statewide entries to out-of-home care, they account for only about 20% of the point-in-time caseload.

The share of juvenile justice cases in the out-of-home care caseload varies across counties. In some counties, juvenile justice cases account for upwards of one half of the county caseload. This pattern reflects local program practices regarding the use of out-of-home placements for juveniles, with many counties using family foster care, treatment foster care and group homes as alternatives of restrictive residential care center (RCC) or juvenile correctional placements. These settings are also used to integrate juveniles back into the community following a RCC or correctional placement.

The juvenile justice share of the statewide placement caseload would be higher if all placement settings, including secure detention and juvenile correctional facilities were considered. Detention and correctional placements are not counted as out-of-home placements and are not included in state or federal foster care data.

The use of out-of-home care for juvenile justice program purposes is greatest in the balance of state counties. In the balance of state counties, juvenile justice cases account for upwards of 40% of entries to care. In Milwaukee, the juvenile justice share of the out-of-home caseload has historically been relatively small, and since the 1998 creation of BMCW, the use of out-of-home care in Milwaukee is almost exclusively for CHIPS cases. The juvenile justice program operated by the Milwaukee County Department of Human Services (MCDHS) historically has made limited use of family foster care, group homes and RCCs. Juveniles under MCDHS jurisdiction typically enter placement while they are being served by a "Wraparound" program. As described earlier, since WiSACWIS is used only by BMCW, MCDHS placements are not included in state out-of-home care and federal AFCARS reporting. Further references to Milwaukee County caseload information this section means the BMCW out-of-home care caseload.

### Analysis and Program Implications

Decisions regarding use of out-of-home care placement, including types of placement settings and duration of placements, are established through the court review of placements and the child's permanency plan. State law under Chapter 48 specifies that placement should be made in the least restrictive setting. For children in care under a protective services (CHIPS) order, state data shows very limited use of group residential placements, except as initial shelter placements and for youth with challenging behaviors.

Some children enter placement a formal voluntary placement agreement between the parent(s), the child (if over 12 years), and the child welfare agency. The placement must be ordered by the court for the child to continue in care for more than 180 days. Voluntary placement agreements account for over 6% of entries to care in Wisconsin, with different patterns across the state. Voluntary placements have historically accounted for less than 1% of entries in Milwaukee County and over 8% of entries in balance of state counties. Some of these voluntary entries are for short-term respite care to families and do not turn into long-term placements.

State statutes establish legal expectations and authority for removing children from their homes, the content and timing requirements for the permanency plan, and securing court approval of actions to achieve the permanent goal. Recent statutory changes in Act 109 further support permanency planning and concurrent planning efforts to further permanency goal achievement

consistent with federal ASFA mandates as described in the responses to Section II.B, Questions 1-4 of the Statewide Assessment.

The Ongoing Services Standards and Practice Guidelines relating to case assessment, case planning and progress evaluation were implemented in May 2002 to better support timely achievement of permanency of children in out-of-home care. These standards provide a structure for how case plans and evaluations support permanency planning.

DCFS provides reports to county agencies identifying children who are reaching the 15-month point in care. These reports are used by counties to ensure compliance with the ASFA requirement to pursue TPR or document an exception reason by the 15<sup>th</sup> month in care. BMCW provides similar reports to the Ongoing Case Management agencies. The identification of children through these reports helps the Statewide and BMCW Adoption programs to become involved in cases as permanency consultants at an earlier point, which will assist in identification of children who are in need of adoption and the timely finalization of adoption as a permanency outcome.

For juvenile justice cases, out-of-home care placement is often only one part of their overall service plans. Placement can be used periodically to stabilize youth and control their behavior, with other community-based services provided to youth and families. Since federal AFCARS data reporting only requires children to be reported when they are in foster care placements, this can give the appearance of multiple episodes of care for juvenile justice cases. For juveniles, they can continuously be under the jurisdiction of the agency and be receiving several types of services in addition to periodic placements. Thus, the ending of a placement for a juvenile does not mean the ending of the service episode. The inclusion of juvenile justice cases in federal permanency performance measures can distort the results, particularly for states like Wisconsin with a higher share of placements being juvenile justice cases. The impact of the juvenile justice and other populations in care for therapeutic reasons on the re-entry rate should be taken into account in developing program improvement strategies to reduce re-entry. Reduction of re-entry should be targeted at the CHIPS population to avoid adversely impacting the therapeutic use of periodic placement for juveniles and other populations.

2. ***Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I). Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.***

### Data Summary

The Wisconsin caseload patterns were discussed in the response to Permanency Question 1. Consistent with national trends, the number of children entering foster care has been decreasing over the last several years. The reduced rate of entry is particularly important in Milwaukee County, which accounts for about 50% of the out-of-home care caseload in the state. The state caseload tables at the beginning of the Permanency Section show the Wisconsin caseload trend. The entry and exit data in the CFSR permanency data profile is significantly skewed by the technical problems in AFCARS reporting for Wisconsin. As indicated in the response to

Permanency Question 1, Wisconsin's FFY 2000 and 2001 AFCARS submissions did not include updated WiSACWIS data for a significant portion of the state caseload, including Milwaukee and the State Adoption Program. This data problem accounts for the decreased admission and discharge activity between these two periods shown in the permanency data profile.

### Analysis and Program Implications

As described in the response to Permanency Question 1, statewide caseload was increasing annually until late 1999 due primarily to entries in Milwaukee County exceeding the number of exits. Beginning in late 1999 and early 2000, the number of entries in Milwaukee stabilized and the number of entries has decreased in subsequent years due to the impact of the BMCW Safety Services program. Starting in late 2000, the number of exits of children in Milwaukee increased with the pattern increased exits continuing in 2001 and 2002. The reduction in entries and increased exits in Milwaukee led to substantial decreases in the Milwaukee caseload and the overall statewide caseload between 1999 and 2002.

For other counties, based on historical state data, the number of entries and exits has remained constant over time. In the balance of state, given the approximate 40% of juvenile justice cases of the total entries to care, the balance of state caseload is less sensitive to changes in child welfare practice as appears to be the case in Milwaukee. As discussed under Permanency Question 1, it appears that caseload is beginning to decline in the balance of state as well, although it is difficult at this point to identify a pattern in terms of the decrease being attributable to reduced entries or increased exits. As with Milwaukee, county child welfare agencies may be relying more on the use of in-home safety services to ensure child safety and prevent child placement.

Finally, as will be discussed later in the Permanency Outcome section, Wisconsin currently does not have a formal policy regarding trial home visits. Combined with limitations of the HSRS CSC data, it is likely that the number of entries, particularly into the counties outside of Milwaukee, is inflated because of the lack of policy direction on how to use and document trial home visits. The WiSACWIS system does have the capacity to capture trial home visits, but state policy direction is needed to ensure child welfare workers report trial home visits consistently and appropriately.

3. ***Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II). How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?***

### Data Summary

Based on Wisconsin's CFSR Data Profile and consistent with other states, the most frequent out-of-home care setting used for children in need of placement is the family foster home. This setting is most consistent with state law and policy requiring placement in the least intrusive setting.

Historical data for 1999 shows that for the state as a whole, foster homes account for about 86% of placements with non-relative foster homes at 80.4% and relative foster homes at 5.4%. The number of relative foster homes is probably higher as this may not have been accurately reported in the HSRS CSC data. The HSRS CSC data does not identify the use of treatment foster homes, but these homes account for a small share of the total non-relative foster homes.

Group homes account for about 5% of placements and residential care centers (RCCs) account for about 9% of placements. Group homes and RCCs are frequently used to stabilize the behavior of youth and as aftercare placements to ease youth back into the community following a juvenile correctional facility or hospital stay. Based on the CFSR Data Profile and state data sources, use of group homes and RCCs has been declining in recent years. While the number of children placed in residential care is not necessarily decreasing, the length of stay in the facilities has decreased in recent years.

The number of pre-adoptive homes is shown as fewer than 2% in the CFSR permanency data profile, but the actual number is higher. This number was not reliably reported in the HSRS CSC because providers were initially set up as foster homes and their provider status was not changed to pre-adoptive, or the foster parent has both pre-adoptive and foster children. Statewide about 84% of adoptions of children in foster care are by foster parents and at any given time roughly 5% of the children in out-of-home care are under state guardianship with the State Adoption Program. A similar number of children are in the process of adoption in Milwaukee County. So roughly, about 8% of the total number of children in care are in pre-adoptive homes, although many of those homes are also currently foster homes for other children. The number of pre-adoptive homes in the CFSR data profile may reflect only those homes that have only a pre-adoptive child and no other foster children.

### Analysis and Program Implications

As discussed in response to Permanency Question 1 in this section, decisions to place a child, including the type of placement, are authorized by the court based on recommendations by the child welfare agency. Wisconsin does not have formal statewide policies prescribing the specific use of placements such as shelter care for children entering care, although the BMCW and county agencies often have local policies. The BMCW is currently working with Milwaukee placement providers and shelter care facilities to significantly reduce the number of children who are placed in shelter care at the point of entry into care. The use of foster homes as receiving homes is preferred over the use of shelters, although shelters may be appropriate for some children entering care to allow assessment of the child's needs or due to the lack of receiving homes, particularly for teens.

While types of foster care settings in which a child is placed has remained fairly consistent, there has been an increase in the availability and use of treatment foster care as a placement setting. Private agencies are increasing the number of treatment foster care providers statewide and more children are being placed in treatment foster homes. This growth is the result of two primary factors: 1) the need for alternatives to expensive and more restrictive residential placements, and 2) the difficulty of recruiting and retaining traditional family foster homes to handle children with challenging conditions and behaviors.

The state data shows the breakdown of placement types vary across the state, with Milwaukee County having a higher share of foster home placements and counties in the balance of state having a higher share group home and RCC placements. The use of group homes and RCCs in the balance of state is more than twice the percentage of these types of placements as used by the BMCW. This pattern reflects the more extensive use of out-of-home care by counties outside of Milwaukee as a therapeutic service for juvenile justice cases and children with disabilities to avoid institutionalization.

Through the increased use of integrated services teams or wraparound models, many children previously placed in institutional settings for medical, behavioral, or developmental reasons are being served in community settings with specifically trained foster parents. This shift has promoted use of more community-based placement settings for children upon removal from the home. The DHFS, along with county agencies, has made a concerted effort to support moving children placed in institutions, particularly facilities for developmentally disabled children, to community-based foster family settings. Medicaid waiver programs such as the Community Integration Program (CIP) are used to support such placements.

RCCs are increasingly being used on a short-term basis to stabilize child behavior, particularly for children with behavioral health issues. Many RCCs are adapting their programs to provide more short-term, acute care as part of a comprehensive wraparound service strategy for youth that emphasizes community-based services with residential care used as needed to control behavior.

***4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V.) Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.***

Data Summary

Historical state data is not available on trends in permanency goals for children. Historical information is available for discharge outcomes, which is a proxy for permanency goals. Of the children who entered care for the first time between 1990 - 1999, 57% exited to reunification, 8% to permanent relative placement, 6% to adoption, 4% as a runaway, 3% aged out of care, 8% for other reasons (largely transfers to hospitals or correctional institutions) and 14% remained in care. Permanency goals can be tracked using the WiSACWIS system, but at this point so few counties have extensive experience using the system that WiSACWIS data is not a reliable indicator of statewide permanency goals.

The Wisconsin CFSR permanency data profile information on permanency goals is generally accurate despite the problems with AFCARS reporting. However, it should be noted that permanency goals for children in placement is one of the most frequent sources of reporting errors for the state's AFCARS file, generally due to the timeliness of data entry by local agencies. The primary permanency goal is reunification, averaging about 77% for children in care -- for both the point-in-time and first time entry cohort caseloads-- as the most frequently stated permanency goal. Other permanency goals in the order of frequency are adoption, long-term foster care, relative placement and emancipation.

Guardianship as a permanency goal is not captured in the HSRS CSC data, giving the appearance that guardianship is not used a permanency goal in Wisconsin. Guardianship is tracked in the WiSACWIS system, and based on limited data for Milwaukee County, guardianship is increasingly being used as a permanency goal, particularly for children in relative placements. Guardianship is currently a major permanency outcome for children in COKC. As the COKC cases from WiSACWIS are included in the AFCARS file, the permanency data will show the use of guardianship.

As indicated in the CFSR permanency data profile, reunification is the most timely form of permanency achieved for children in placement, averaging a little over four months from removal. However, it is important to note that this number likely slightly underestimates the duration of children in due to the data limitations associated with the HSRS CSC data. Early indications using data from the WiSACWIS Outcome Reports indicate that the average time to reunification is longer.

### Analysis and Program Implications

Based on historical state data, children who are 5 to 14 years of age at placement and children of color are more likely to remain in care for longer periods. While the vast majority of all children achieve permanency through reunification and relative placement, younger children and African-American children are more likely to find permanency through adoption. As such, Milwaukee County has a higher percentage of children achieve permanency through adoption at 8.3 % of the cases open between 1990 and 1999 than does the balance of the state at 4.4%. In addition, juvenile justice cases account for a higher share of the caseload in the balance of the state and are less likely to use adoption as a means of achieving permanency.

As indicted by county agencies in their local child welfare outcome assessments conducted during the Summer of 2001, the type and timeliness of permanency outcomes achieved for children in care are influenced by the beliefs of child welfare staff and/or clearly stated agency goals associated with desired permanency outcomes. In addition, counties noted the impact the local court system plays in supporting these beliefs and goals as a key factor in the type and timeliness of permanency outcomes achieved by individual counties.

The Promoting Safe and Stable Families (PSSF) program has been a catalyst to encourage counties to provide reunification services. Under the state PSSF program, child welfare agencies are required to use one-third of their PSSF funds for reunification services. Agencies have used their PSSF funds and other funding sources to support more timely reunification of children with their families and to prevent subsequent re-entry of children into out-of-home care.

Wisconsin is making increased use of integrated service teams to facilitate the case management function and to carry out more effective case planning and interventions such as with family group decision-making. The DCFS and the Department's Division of Supportive Living and other key stakeholder groups have worked together to establish resources and other structural supports to implement these service approaches at the local levels. Emphasis of these pilot initiatives is on effective cross-system coordination among mental health, alcohol and drug, developmental disability, economic support and child welfare programs.

Recent changes to the state Special Needs Adoption Program include increased capacity to manage adoption services, including the early intervention with local child welfare agencies to identify and concurrently plan for achieving adoption as a concurrent permanency goal.

Wisconsin has historically not aggressively promoted guardianship as a permanent outcome. The 1997 ASFA legislation has raised awareness of guardianship as a permanency outcome, particularly for children placed with relatives, to reduce the need for child welfare intervention with families. The experience of other states has shown that ongoing subsidy payments are essential to making guardianship a feasible alternative to foster care for relatives seeking to become guardians. To promote the use of guardianship as a permanency outcome, DCFS has submitted a federal Title IV-E waiver request to operate a subsidized guardianship program. This request has been pending since September 2002 while the federal authority to grant IV-E waivers is renewed through congressional action.

Based on the county responses to the local child welfare outcome assessment questions regarding the use of guardianship as a permanency outcome, the following themes can be noted:

- Use of guardianship as a permanent outcome is most appropriate for cases where the child is placed with relatives on a long-term basis.
- Lack of ongoing and sufficient financial support available to guardians is viewed as a significant barrier to use of guardianship as a permanent placement for children; and
- Legal barriers including reluctance to pursue guardianship, the court process to achieve guardianship, and lack of agency and/or family access to legal representation to pursue guardianship.

5. ***Achievement of Reunification (Point-in-Time Data Element IX). Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.***

Data Summary

Based on Wisconsin's CFSR Data Profile, the state timeframes for achieving reunification within 12 months meets the federal performance measure of 76.2% of all reunifications taking place within 12 months of a child's removal. Consistent with state data reports, approximately 80% of reunifications in Wisconsin take place within 12 months of the child's removal. The statewide data shows a slight increase over the 3-year period in the percentage of reunifications occurring within 12 months of entry to care.

It is important to note that for the FFY 2000 and FFY 2001 data in the CFSR Data Profile, reunifications are primarily represented by children outside of Milwaukee County as the AFCARS submissions for those years did not include updated Milwaukee information from WiSACWIS. Differences in how and the degree to which placement data are captured in the legacy data system versus WiSACWIS impact Milwaukee County-specific and, therefore, statewide results on this data outcome. Based on state reports using data from WiSACWIS, the timeliness of reunification measure for Milwaukee is lower than the balance of state, making it unclear if the state will meet the federal performance measure once WiSACWIS data is included

in the calculations. For example, almost half of the reunifications that took place in CY 2001 in Milwaukee County took place within 12 months of removal.

In addition, caseload differences between Milwaukee County and the balance of the state may account for some of this data discrepancy. The state historical trend has been for children in Milwaukee to have longer stays in care versus counties in the balance of state, but other counties have a much higher re-entry rate. These results are due in part to differences between the populations of children in care. Analysis of entry cohorts after four years shows that when re-entries are taken into account, the rates of successful, lasting reunification are comparable between Milwaukee and the balance of state.

### Analysis and Program Implications

The ESC has identified timely reunification as an area for attention. Because the most frequent reason children leave care is to be reunified with their families, a better understanding of the critical factors supporting timely and stable reunification is needed. These factors may include involving the family in the assessment and case planning process, maintaining regular worker-family contact and connections among family members, and ensuring access to community-based support services.

The further implementation of the Ongoing Service Standards and Practice Guidelines and the promulgation of the proposed HFS 44 permanency planning rule should improve the timeliness of reunification by providing a more structured case planning and evaluation process for county agencies. This will lead to better decision-making regarding achieving reunification and addressing current barriers to achieving reunification in a timely manner. Once HFS 44 is promulgated, DCFS will develop a training curriculum which incorporates the content of this rule, the Ongoing Service standards, and DCFS policy memos. This will assist county agencies and county social workers in understanding better how the cases should flow through the child welfare system, the various points at which decisions need to be made, and for the courts to play a more effective role in achieving permanency.

It is important that treatment and support services provided to families while the child is in care be continued for a period of time after the child returns home. Since children are removed because child welfare agencies cannot be reasonably assured that they will be safe in the home, reunification should be based on when agencies can be reasonably assured children will be safe. This does not mean that all of the safety issues in the family have to be resolved prior to reunification, as some issues will remain a risk. Such risks for reunification can be addressed through appropriate follow-up services; similar to the services provided to in-home service cases that never involved placement. To assure stability and continued safety of the child, services should be continued to families upon reunification until it is determined that agency intervention is no longer appropriate.

While Wisconsin results on the time to reunification measure meet the federal performance measure, Wisconsin does not meet the performance measure for re-entry into foster care. As discussed further under Permanency Question 9 on re-entry, these two measures are inter-related and results for both measures are impacted by the limitations of the historical HSRS CSC data and imperfections in state AFCARS reporting. It is likely that improvements to data reporting

and changes to program practice that improve the Wisconsin results on the re-entry measure could have an inverse impact on the time to reunification measure.

6. ***Achievement of Adoption (Point-in-Time Data Element X). Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.***

#### Data Summary

Based on the CFSR permanency data profile, Wisconsin does not meet the federal performance measure of having at least 32% of adoptions being finalized within 24 months of the date of the child's entry to care. The results in the CFSR permanency data profile show that 18.2%, 24.1% and 16.5 % of all adoptions for FFY 1999, 2000 and 2001, respectively, took place within a two-year period from removal. This pattern is consistent with state data that shows roughly 20% of adoptions being finalized within 24 months of entry to care.

While the timeliness of adoptions must be improved, the numbers of adoption have increased substantially in recent years. Historically the State Adoption regions and the BMCW adoption program have finalized 700 to 750 special needs adoptions annually. In FFY 2001, 723 adoptions were completed in Wisconsin. In FFY 2002, 948 were completed in Wisconsin. The FFY 2002 result was an increase of 225 adoptions over FFY 01. For the first six months of FFY 2003, over 700 adoptions were finalized, indicating that the total adoptions for FFY 2003 will exceed the FFY 2002 number.

The state goal is 1,000 adoptions per calendar year and in CY 2002 the state surpassed that goal, finalizing 1,047 adoptions. Based on the volume of children for whom TPRs have been completed thus far in 2003, the expectation for CY 2003 is to finalize 1,300 adoptions.

To date the focus of the State Adoption Program has been on increasing the total numbers of adoptions, without setting specific targets for timeliness. In instances where adoption is finalized for children who have been in care for more than two years, achieving permanency for those children far outweighs the negative impact on the federal adoption timeliness measure. Adoptions can be delayed due to reluctance to pursue TPR, extended court action on TPR requests, and finding an appropriate adoptive placement. However, the federal adoption timeliness measure shows that where possible, those cases that can move quickly toward adoption should be given attention to improve performance on the federal measure.

#### Analysis and Program Implications

State statutes and standards provide the basis for local child welfare policy and procedures related to moving a child toward TPR and finalizing the adoption. In Wisconsin, county child welfare agencies and the BMCW are responsible for establishing the permanency goal of adoption and requesting TPR. County attorneys, most typically District Attorneys, must prepare the TPR petition and present the case to the court. The TPR must be approved by the court, which can involve a jury trial to establish grounds for the TPR. In balance of state counties, once the TPR is granted,

guardianship and custody of the child is transferred to the State Adoption Program to finalize the adoption. In Milwaukee, case management responsibility is typically transferred shortly prior to TPR from Ongoing Case Management workers to Milwaukee adoption program workers who finalize the adoption.

The timeliness of adoption is affected by each stage of the adoption process, including the permanency planning phase, the TPR phase, and the finalization phase. Barriers to timely permanency can occur in any of the three phases, with the cumulative effect of slowing down the overall adoption process.

While early identification and adoption transition services may begin prior to TPR, generally local child welfare agencies are responsible for ongoing case management services up to the point of TPR at which time the State Adoption Program takes responsibility for the case. Both the statewide and BMCW adoption programs have increased capacity by engaging private adoption agencies to do permanency consultation with case managers and promote concurrent planning efforts.

DCFS has developed a State Permanency Consultant (SPC) timeline that identifies the key decision points for out-of-home case management to identify which county or state staff have key responsibilities and assure the responsibilities are completed on time. In all cases, the SPC needs to be involved in the case planning no later than nine months after removal from home, and earlier if appropriate. The Adoption Program worker will become actively involved in the case at the point that TPR is in process in preparation for transfer of the case. Through early involvement, the Adoption Program can have the case ready for adoption shortly after TPR by doing home studies and other activities while the TPR is being completed.

The statewide and BMCW adoption programs also do quality assurance reviews of adoption cases evaluate the quality and timeliness of adoption work. The review results are used to develop ways to improve program performance. In addition, adoption staff continue to work with local child welfare agency staff and court officials to address concerns relating to the timely adoptions and are in the process of developing for formalized policy and protocol to better support concurrent planning efforts.

Since the majority of special needs adoptions are done by foster parents, matching children that are most likely to be candidates for adoption early on in the case with appropriate foster/adoptive homes could expedite the adoption process if reunification is not successful. Also, the availability of post-adoptive support can be an important factor in convincing foster parents to consider adoption, particularly for children with challenging physical or behavioral needs whose care may become more difficult as they get older. The ESC has identified the need for increased ongoing support to adoptive parents as an area for attention.

7. ***Termination of Parental Rights (TPR) (Point-in-Time Data Element VI). Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.***

## Data Summary

Based on the Wisconsin CFSR Data Profile, the out-of-home care population subject to the 15 of 22 months permanency requirement established under ASFA ranges from 57.5% in FFY 1999 to 77.2% in FFY 2001. As noted above, data for FFY 2000 and 2001 for this indicator is not reliable. AFCARS submissions did not include updated WiSACWIS data for Milwaukee County. The figures for FFY 2000 and, in particular, FFY 2001 will change substantially with the resubmission of AFCARS data for those periods because updated WiSACWIS data for Milwaukee will be included in the revised data file.

Based on reports developed for state monitoring purposes, for the placement caseload as of 6/30/02, the population subject to the ASFA 15 of 22-month requirement was slightly over half the caseload of children in placement. Given that children at in care in Milwaukee County have generally been in care for longer periods than children in care in the balance of the state, a higher proportion of the children in care in Milwaukee County are past the ASFA 15<sup>th</sup> month timeframe.

## Analysis and Program Implications

Both the BMCW and local county child welfare agencies receive and routinely use regular management reports developed in either HSRS or WiSACWIS data to identify children who have met or are likely to meet the ASFA 15 of 22 month TPR timeframe. For counties in the balance of state, reports are distributed by DCFS. For BMCW, reports using WiSACWIS data are shared with the five Ongoing Case Management service sites in Milwaukee.

A major component of ASFA compliance is the timely achievement of permanency plans and the consideration of alternate permanency goals should reunification not appear feasible. ASFA requires, unless there are child-specific reasons to the contrary, that TPR be pursued after 15 months in care to make children available for adoption. ASFA compliance is documented in WiSACWIS and BMCW uses the WiSACWIS data for monitoring purposes. As more counties go up on WiSACWIS, similar data will be used by DCFS for county monitoring purposes.

As part of their responses to the local child welfare assessment in Summer 2001, factors most frequently noted by counties to impact pursuit of a TPR are as follows:

- Meeting reasonable efforts standards or benchmarks;
- Meeting timeframes for TPR warnings; and
- Agency case planning and evaluation practice.

The same state statutes, program standards and policy memos that direct permanency planning and child welfare case management, also support compliance with the ASFA TPR requirement. These expectations are predicated upon practice that is focused on child safety, thorough assessments of family strengths and needs, and the development of effective case plans to address those needs. Guiding these casework responsibilities, the Ongoing Services Standards and Practice Guidelines establish frameworks for assessment, decision-making and documentation related to ASFA compliance.

Modifications to the Children's Code and Juvenile Code were enacted in July 2002 as part of Act 109 to further support ASFA compliance. State statutes are now clearer in terms of when a

petition for TPR must be filed or an exception documented. This clarification includes the federal requirement that a TPR must be filed or an exception documented when a child is in out-of-home care for 15 of the most recent 22 months. DCFS policy memos have provided information to local child welfare agencies regarding the Act 109 changes and the importance of working with local children's courts. Additional training and consultation has been provided to ensure a full understanding of the practice standards and statutory changes related to ASFA compliance.

There are still problems with individual district attorneys, corporation counsels and judges who either do not have the time or expertise necessary to pursue TPRs. Some individuals have philosophical conflicts with TPRs or require additional efforts by child welfare agencies before pursuing TPRs. Finally, when Indian children are involved; facts are complicated because tribes are generally opposed to TPR, making compliance with the ASFA requirement more complicated. DCFS is considering whether to recommend further state legislation to create time lines on when a district attorney or corporation counsel must file TPR petitions with the court. Presently, county agencies often request TPR petitions timely, but the attorneys may not act on agency request and file the petitions promptly.

DCFS continues to work with the Director of State Courts Office and key legal stakeholders to better understand procedural or operational issues that affect the timely filing of TPR petitions and completion of TPR actions. In Milwaukee, specific efforts between the Milwaukee County District Attorney's office, Milwaukee County Children's Court and the BMCW have streamlined operational processes and timeliness of TPR proceedings in Milwaukee resulting in a significant increase in TPR petition filings for children where reunification with family was not possible. In particular, TPRs are now pursued for children under age 2 without have to first identify an adoptive resource.

8. ***Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV). Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.***

### Data Summary

The Wisconsin CFSR Data Profile indicates that the state exceeds the federal performance measure for stability of placement, 86.7% of children with two or less placements in their first year of care. Wisconsin exceeds the performance measure for all three years in the data profile, beginning with 95.3% in FFY 1999, 95.2% in FFY 2000 and 95.3% in FFY 2001.

As described in the comments on the permanency data profile, the FFYs 2000 and 2001 AFCARS data does not include updated WiSACWIS data for Milwaukee County. Since the placement stability measure focuses on the first year of care and the balance of state accounts for

the majority of the total entries to care, it is unlikely that the inclusion of updated Milwaukee County data for FFYs 2000 and 2001 in the revised AFCARS files will make a significant difference in the state performance on this measure.

Further analysis of the results is warranted once the updated AFCARS files with WiSACWIS data are submitted. The HSRS CSC module is limited in the types of placement settings that can be reported and children are reported in HSRS only when they are in the reportable placement settings. With HSRS data, the length of placement episodes is artificially shortened due to restrictions on the placement settings recognized by the HSRS system. Thus, the HSRS data may overstate the true placement stability rate. WiSACWIS allows for a broader range of placement settings to be reported for children, and thus will allow a more thorough analysis of placement stability. With more detail on placement settings, it is likely that the WiSACWIS data will show a lower placement stability rate as compared with the HSRS CSC Module. While preliminary WiSACWIS data for Milwaukee bears this out, until more counties are on WiSACWIS, it is not possible to project the "WiSACWIS effect" on the federal placement stability measure since balance of state counties account for the majority of entries to placement.

The placement stability measure assumes all changes in placement are equal in weight and that multiple moves are a worse outcome for children. While this is generally true, changes in placement may be a positive outcome for children if the change is in the direction of moving from a setting that is more restrictive to a less restrictive setting. For example in cases where the child is developmentally disabled or is in placement due to juvenile justice behavioral concerns, moving up to more restrictive settings or down to less restrictive settings is determined by the child's needs and behaviors. Measuring the direction of placement changes for certain populations of children may be an important area for further analysis.

### Analysis and Program Implications

State statutes establish the basic direction for placement of children in out-of-home care and the appropriate placement setting. In addition, state program standards and administrative rules establish agency responsibilities for licensing foster care providers and to inform foster parents of child-specific needs and concerns. These expectations are further discussed in response to questions in Section II.G of the Statewide Assessment.

As part of their responses to the local child welfare assessment in the Summer 2001, factors most frequently noted by counties to impact placement stability are as follows:

- Needs and characteristics of the child/youth placed in care;
- Placement provider knowledge and skill; and
- Community-based resource availability (noted for both child and provider).

Local child welfare agencies are responsible for the development of operating policy and procedure related to placement selection and matching, ongoing foster parent support and training, and ongoing identification and assessment of child needs.

The ESC identified several issues relating to the support of foster parents that affect the stability of placements as areas for attention:

- Foster care providers need ongoing support to fulfill their role, including clearly defined responsibilities, expectations for care, and enhancement of their knowledge and skills to care for children. The support must be specific to the needs of the individual children placed in the foster home.
- Foster parent training, both pre-service and ongoing training, is critical to foster parents having the competencies to care for children. Through group training, support groups can be developed to improve recruitment and retention of foster parents.
- The foster care reimbursement structure should be updated to reflect the current costs of caring for children and fairly compensate foster parents for caring for children with complex needs. Both the basic foster care rate and the supplemental and exception rate structure should be updated.
- Increased opportunities should be provided to foster parents for respite care. Foster parents should be surveyed to determine the needs for respite care and how they feel about the respite care they currently receive.

In the mock CFSR reviews conducted in Fall 2002, foster parent stakeholder groups identified placements of older children as the most likely to disrupt and suggested that crisis response teams be used to help providers sustain placements that would otherwise disrupt. Respite care can also be used to give children and foster parents a break from one another, thus reducing the potential for placement disruptions.

Currently, the DCFS is working with counties to minimize the number of moves for children in care in a number of ways. Competency-based, pre-service training prepares foster parents for working with children with difficult needs and trains them to work closely with birth families and social workers. As described in the response to Section II.D of the Statewide Assessment, DCFS has implemented a program for supporting county child welfare agencies in the delivery of a competency-based, pre-service training for foster parents.

As part of concurrent planning, it is important to identify likely candidates for adoption and other alternate permanency goals early in the case so that appropriate placement resources can be used in the event that reunification is not successful. For example, adoption and foster care staff can work together to identify foster/adoptive homes that can serve as pre-adoptive placements for children so that the children will not have to experience additional moves as they progress toward adoption.

In order to achieve permanency within the timeframes established by ASFA, many county child welfare agencies and the BMCW are using more planful placement selections and provider matching processes to ensure greater placement stability. Placement changes typically set back progress in achieving permanency, so avoiding changes can expedite the achievement of permanency outcomes for children.

The WiSACWIS system supports a more thorough record of child needs and concerns to be documented. The continuing identification and assessment of child-specific concerns enables child welfare agencies to better select a foster care placement provider and to better inform and support the provider in understanding and addressing the child's needs.

9. ***Foster Care Re-Entries (Point-in-Time Data Elements V & XII). Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.***

### Data Summary

The CFSR permanency data profile indicates that Wisconsin does not meet the federal performance measure for re-entry to care that no more than 8.6% of children exiting care should re-enter within one year. Wisconsin exceeds the performance measure for all three years in the data profile, beginning with 22.3% in FFY 1999, 26.7% in FFY 2000 and 31.0% in FFY 2001.

The state figures for FFYs 2000 and 2001 are significantly skewed as due to the lack of updated WiSACWIS data for Milwaukee County. The AFCARS data for those years does not include the children who entered care in Milwaukee County during those years. In addition, all three years of AFCARS information for the permanency data profile data are missing a large number of case entries and exits that could impact this calculation. A more accurate re-entry rate can be determined after the submission of revised AFCARS files that include WiSACWIS data and correct for the missing case entries and exits from HSRS.

Historical state data for the period of 1990 - 1999 shows a state re-entry rate of 19% after 12 months, which is consistent with the CFSR data profile result for FFY 1999. Of the historical re-entries to care, 9% of re-entries occurred within 3 months of exit from care and 14% within 6 months of exit. The re-entry rate continues to increase over time, leveling off at 28% by 36 months after exit. Thus, re-entry within the first six months of exit from out-of-home care accounts for about one-half of the total long-term re-entries to care.

The re-entry pattern differs considerably between Milwaukee County and the balance of state. The historical state data shows a 10% re-entry for Milwaukee after 12 months and a 21% re-entry rate for the balance of state after 12 months. While Milwaukee accounts for about 50% of the point-in-time caseload, the balance of state accounts for about 80% of the total annual entries to care. Therefore the overall state re-entry rate is driven predominantly by the experience of counties in the balance of state.

The HSRS CSC data limitations related to episode length are likely to artificially raise the re-entry rate, particularly in counties outside of Milwaukee. Placements in HSRS are often recorded in the CSC Module to correspond with how provider payments are made. For example, counties may report new episodes in HSRS based on when payments start and end instead of the date the child actually exits care on a permanent basis. Furthermore, the lack of a state policy on trial home visits and direction on how to consistently document home visits in the state data systems increases the re-entry rate calculation.

Based on state produced reports regarding re-entry from WiSACWIS data, preliminary findings for Milwaukee County indicate a 6.6% re-entry rate within 12 months for CY 2001 and a

preliminary rate of 6.7% for CY 2002. This rate re-entry rate represents a decrease from the re-entry rates documented from the HSRS data, which reflects primarily years before the creation of BMCW in 1998. Further analysis will be needed, as other counties go up on WiSACWIS to determine if there is a "WiSACWIS effect" on the re-entry rate.

Additional data presented on re-entry in the state Children in Out-of-Home Care- 1990-1999 report notes that race, age and length of time in care during previous episode have a statistically significant relationship to the likelihood of re-entry into out-of-home care.

### Analysis and Program Implications

Since out-of-home care is used for different purposes depending on the target population of children, different groups of children can have very different re-entry experiences. Depending on how out-of-home placement is used to meet the service needs of children; analysis of re-entry rates should be broken down by the different target populations to evaluate the experience of each group. For some groups, higher re-entry rates may be acceptable given the therapeutic objectives of out-of-home care, particularly if placements are used to stabilize behavior.

In addition, in some counties, respite services provided to parents of children who remained in the family home have been reported as foster care placements in the legacy system. This data entry problem indicates the need for additional direction and possible policy development regarding the use of respite care as a service to a child and his or her family rather than as a placement episode.

The determination of how a child enters and re-enters care is affected by child welfare case practice and court review of cases, as the period of time that the child welfare agency retains responsibility for the placement is a critical indicator for when a discharge from care occurs. The sequence of discharges and entries to care are important to understand the extent of re-entry to care.

In the case of exits to reunification, the most frequent permanency outcome for children who enter foster care in Wisconsin, the local child welfare agency and children's court may either dismiss or allow court jurisdiction over the child to expire, or allow the child to remain in the parent's home with court supervision. The length of time an agency or court may decide to monitor these situations is determined on a case-by-case basis and/or by local practice and expectations. Currently, there is no statewide policy regarding the use of trial home visits or continued use of court supervision or service provision beyond the child's return home. As such, both the HSRS and WiSACWIS systems recognize the return of the child to the family as the point of the child's exit from care for federal reporting purposes.

As part of their responses to the local child welfare assessment in the Summer of 2001, factors most frequently noted by counties to impact foster care re-entry is as follows:

- Needs and characteristics of the child;
- Availability and accessibility of community-based resources to support the family following reunification; and
- Agency case planning and evaluation practices.

Based on the mock CFSR reviews conducted in Fall 2002, for juvenile justice cases and children in placement due to behavioral reasons, effective discharge planning can make a significant difference in re-entry rates. In preparation for return home, arrangements need to be made to effectively supervise the youth and support the parents in managing the youth's behavior to prevent further juvenile offenses and avoid the types of crisis situations that may have prompted to original placement into care.

As discussed in response to Permanency Question 5, many local child welfare agencies have placed increasing emphasis on the use of in-home services to support a stable reunification of the children with their families. These services are generally time limited and focus on connecting the family to community supports, informal protective networks, non-paid services or services covered by the family's existing insurance. These resources ensure there is a lesser likelihood that service provision will cease for financial reasons or once the agency involvement with the family has ended.

Another factor influencing the state's re-entry rate, as well as timeliness to reunification results, is the lack of state policy and reporting standards for trial home visits. It is important to use trial home visits for therapeutic reasons. An appropriate use of trial home visits can reduce the length of time a child is removed from the home and provide respite for parents as children transition back to the home. At the same time, it is important to understand that families need closure in order to return to their normal lives with trial home visits needing a clear end date. If necessary, the placement can be formally ended but the protective service court order can remain in effect for supervision purposes.

Wisconsin does not have a formal policy related to the use of trial home visits and current practice in Wisconsin is to return children home with only very brief trial visits. Since federal policy allows trial visits to last up to six months, DCFS is currently working on developing a formal state policy. The use of longer trial home visits would allow cases to remain open for service longer and reduce the need to go back to court and obtain a new dispositional order placing the child. Once a trial home visit policy is implemented in Wisconsin, based on states with policies in place and documentation of trial home visits in the data system, lengths of stay in care will likely be longer and re-entry rates will likely be lower. This change will impact performance on the timeliness to reunification measure for both Milwaukee County and the balance of the state.

***10. Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI). Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.***

## Data Summary

Based on data presented in the CFSR permanency data profile, median length of stay for the caseload at a point in time ranges from 20.8 months in FFY 1999 to 33.0 months in FFY 2001. As noted earlier, the length of stay calculation is seriously compromised by the lack of updated WiSACWIS data for Milwaukee and the State Adoption Program. The AFCARS data used for the calculation reflects Milwaukee cases in care as of February 2000 and Adoption cases as of November 2000 prior to WiSACWIS conversion. These Milwaukee and Adoption cases appear "frozen" in the AFCARS data, leading to the dramatic increase in the length of stay results from FFY 1999 to FFY 2001.

Conversely, median length of stay for the first-time entry cohorts in the CFSR data profile ranges from 8.0 months in FFY 1999 to 4.8 months in FFY 2001. Comparison of these two sets of figures clearly points to the caution needed in interpreting length of stay calculations, with the point-in-time and cohort approaches producing significantly different results. As noted above, the median length of stay measures for the entry cohorts in FFY 2000 and FFY 2001 primarily represent caseload activity outside of Milwaukee County.

As indicated in the state comments on the permanency data profile, the length of stay figures will change significantly with the submission of the revised AFCARS files for FFY 2000 and 2001. The change will be driven by the updated Milwaukee County caseload information that includes new entries and exits from care.

The length of stay calculation in the permanency data profile is a point-in-time "snapshot" of the caseload. As a point in time, the snapshot tends to overstate the impact of long term cases on length of stay. A more reliable method for measuring the likely length of stay for all cases is to examine the experience of entry cohorts of children. The first-time entry cohort analysis in the CFSR permanency data profile uses this approach.

State produced reports using WiSACWIS data have been developed to measure lengths of stay for entry cohorts. For BMCW entry cohorts, state "scorecard" data from WiSACWIS shows that the number of children exiting care within 12 months of entry is increasing. For children who entered in 2000, approximately 33% exited care within 12 months and for children who entered in 2001, approximately 42% exited within 12 months. The entry cohort analysis shows that for Milwaukee, the median length of stay for all children who enter care is likely decreasing. Point-in-time snapshots could show a different trend, since long-term cases can account for a greater share of the point-in-time caseload, particularly as caseload is decreasing due to reduced entries.

Based on historical data, in the balance of the state about 75% of the children exited care within 12 months of entry. This higher rate of exit results in lower lengths of stay compared with Milwaukee, but the balance of state also has a much higher re-entry rate. Analysis in the state Children in Out-of-Home Care- 1990-1999 report shows that if the cumulative experience of children in care is taken into account, after four years roughly the same percentage of children remain in care for both Milwaukee and the balance of state.

Additional data presented on length of stay in care in the most recent Children in Out-of-Home Care- 1990-1999 report finds that race, age, placement type and case type (CPS versus Juvenile

Services) during previous episode have a statistically significant relationship to the length of time in out-of-home care.

### Analysis and Program Implications

State statutes and program standards govern the entry and continuance of children in out-of-home care. These standards prescribe the basic practice expectations and processes that inform court findings and permanency planning responsibilities. With the enactment of ASFA and subsequent changes to state statutes and issuance of state policy memos, there has been an increasing focus on effective assessment, case planning and permanency decision-making among local child welfare agencies.

As part of their responses to the local child welfare assessment in the Summer 2001, factors most frequently noted by counties to impact length of stay in care are as follows:

- Needs and characteristics of the child and/or the family;
- Availability of community-based resources; and
- Agency case planning and evaluation practices.

Efforts to reduce length of stay in foster care have focused on more effective use of in-home services and wraparound models of service delivery, particularly in Milwaukee County where reductions in the length of stay are tied to its recent federal court settlement agreement. In addition to decreasing the time a child is in foster care, these programs also aim to reduce the use of institutional placement settings. Other local efforts include the active involvement of the foster family with a child's birth family when safe and appropriate to facilitate the permanency goal. In addition, many local child welfare agencies have invested greater resources in preventing placement using in-home family preservation services.

In order to better measure progress in reducing the length of stay in care, the state has been increasing its use of entry cohort analysis. By measuring entry cohorts, the state is better able to gauge program changes and trends.

### ***11. Other Permanency Issues. Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.***

#### Independent Living Services

Independent living services funded under the federal Chafee Act are designed to help children make the transition from foster care to self-sufficiency. State research on the outcomes for youth aging out of care shows the critical importance of youth learning independent living skills and having access to transitional services to assist them to become self sufficient adults. The Wisconsin Independent Advisory Committee released a major report on the state independent living program in 2001 which DCFS has used to implement the Chafee Act.

When additional federal funds were received as a result of the Chafee Act, Wisconsin expanded the Independent Living program in 2001 to cover all counties in the state. All counties currently receive an allocation of Chafee program funds, although allocations may be small and counties

are encouraged to provide services through consortiums. In addition, two tribes receive Chafee funds from DCFS.

The ESC identified independent living skills for youth as an area of attention. While the state is making progress in providing independent living services, more work can be done. It was suggested that DCFS review policies and practices relating to independent living skills to ensure that youth skill needs are comprehensively assessed and their service needs are met by placement providers and other service providers.

Federal Chafee program outcomes and reporting requirements have been finalized yet. The uncertainty over outcome data reporting requirements inhibits the State's ability to develop efficient data elements and reporting systems to track services to youth and outcomes following their exit from care. To collect information in the interim until outcome collection mechanisms can be developed, Wisconsin is participating in a multi-state evaluation conducted by the University of Chicago-Chapin Hall along with Illinois and Iowa. The evaluation results will be used to further improve the Wisconsin independent living program.

Although the Chafee Act approved extending Medicaid benefits for youths aging out of foster care up to the age of 21, Wisconsin has not yet provided this medical benefit for youth due to state budget constraints. DCFS will continue to request that Medicaid eligibility be extended to this population.

## C. Child and Family Well-Being

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

**Based on any data the agency has available, please respond to the following questions.**

- 1. Frequency of Contact Between Caseworkers and Children and their Families. Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

### General Overview

The specific points in the case process where contact is critical to assure for child safety and for the provision of services are prescribed in the CPS Ongoing Service Standards and Practice Guidelines. These program standards focus on the primary practice responsibilities in relationship to the development of a helping relationship and to casework interventions. The standards do not establish a minimum frequency of contact between child welfare agency staff and children and their families.

The Ongoing Service standards were implemented in 2002 and DCFS has worked with county agencies to develop a framework for implementation of the standards through local agency policies and procedures. At the present time, Wisconsin does not have state standards regarding to the frequency of contact between a social worker and the child or the child's parents. However, the Ongoing Service standards provide clear direction that case workers must have contact with families to discuss issues for any case or permanency plan related to the child and the child's parents.

Specific expectations regarding frequency of contact are established through local child welfare agency policies and procedures. The frequency of contact should be based on the needs of the children and the circumstances of the case, with some cases requiring more frequent levels of contact than other cases.

At the present time, while caseload weighting matrices are available in WiSACWIS, Wisconsin also does not have state standards regarding caseload or supervisory staff ratios or prescribed caseload weighting approaches. Caseload and supervisory to staff ratios and use of caseload weighting approaches vary from county to county and can vary within counties between different units of child welfare staff.

### Program and Practice Issues

Decisions regarding the frequency of contact should be predicated on the following issues:

- Knowing what needs to be accomplished at various points in the case process and the amount of time needed to complete these responsibilities. For example, the engagement process early in the case often requires more intensive time on the part of the worker.
- Understanding the impact of additional workload not associated with effective engagement of the family. For example, infrequent or ineffective contact will delay development of case and permanency plans.
- Knowing all the relevant factors that are truly related to providing a specified level of contact, while assuring that a basic principle of social work - that services and interventions be individualized to family need – is consistently adhered to.

As such, further case and workload analysis would be required as well as review of research and professional literature prior to establishing state policy regarding frequency of contact.

Caseload ratios have a significant impact on contact with families, as caseworkers with large caseloads do not have time to have meaningful, frequent contact with their families. While simple caseload ratios are important, workload or case weighting may be more important rather than caseload size. Not all families are the same and some will require much more attention than other families. The DCFS approach has been to establish program standards regarding what work must be done in each case and allow counties to determine appropriate staffing patterns.

Reducing caseload ratios has significant fiscal implications for counties. If lower caseload ratios are effective, however, the increase in staff costs will be offset by long-term decreases in placement costs and other service costs associated with keeping cases open for child welfare services.

In Milwaukee, the BMCW is currently staffed at 1:6 supervisor to staff ratios, requires monthly contact between caseworkers and their assigned families and is committed to reducing caseload ratios for Ongoing Case Management to less than 12 family cases per worker by 2004. The caseload goal is part of a lawsuit settlement agreement intended to reduce out-of-home care caseloads and improve the timeliness of permanency.

#### Program Implications and Analysis

It is important to keep in mind that frequency of contact standards, per se, are not critical to the success of the case. Rather, the purpose of contacts and effective communication between families and caseworkers are much more critical. Policy regarding contact with families should not focus solely on the quantity of contacts, but on the quality of contacts as well.

While attempts were made to better understand caseload and supervisory to staff ratios, data resulting for the local assessments conducted in the Summer 2001 did not yield reliable results. It is important to note that many counties acknowledged the critical role staff and supervisory availability play in the delivery of effective child welfare services. Once all counties are using WiSACWIS, the state and local county agencies will be able to better understand the impact caseload and supervisor to staff ratios play in outcome achievement.

The Ongoing Service standards and proposed HFS 44 administrative rule contain a heavy emphasis on the role of supervisors in supporting individual caseworkers. These program standards speak both generally and specifically about the consultation and quality assurance role

of supervisors. The program standards have identified a number of areas where supervisory approval is mandatory (e.g., decision to remove a child from home, return a child home, case closure), making the supervisory involvement in cases an important part of the case process.

2. ***Educational Status of Children. Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?***

### General Overview

The identification of a child's educational needs and how these needs are addressed are determined by local school districts. Statutory expectations associated with permanency planning and with state practice standards and guidelines related to assessment and case planning support coordination of activities between local child welfare agencies and schools. As part of these statutory requirements and practice guidelines, child welfare agencies are responsible for ensuring that these educational concerns, such as performance, attendance, behavioral and/or developmental issues, and subsequent service responses are addressed as part of the agency's ongoing interventions with children and their families.

### Program and Practice Issues

At the state-level, the DCFS maintains a working relationship with key policy and administrative staff in the state's Department of Public Instruction (DPI) that is the state agency that governs the local educational services. Coordinated efforts between DCFS, DPI and other critical stakeholders recognize the traditionally structural barriers between successful and cooperative working relationships between schools and child welfare agencies. These barriers often exacerbated by strained financial resources, lack of clarity on communication sharing rules and expectations and role ambiguity or conflicting goals for children and their families.

The DCFS and DPI have worked together to provide consistent program and policy direction to both schools and child welfare agencies regarding sharing of information and service coordination-particularly for children in foster care. In addition, representatives from both the DCFS and DPI serve with other key state-level stakeholders on a current committee examining the confidentiality requirements of the respective systems and how these requirements both protect an individual's information and support effective cross-system communication.

The ESC identified coordination between child welfare and school districts as an area of attention. Through the identification and analysis of "promising practices" implemented by local child welfare agencies and school districts, other communities would be better able to assess their own level of success in meeting this goal and develop strategies to improve the educational well-being of these children in their local communities.

3. ***Health Care for Children. Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the***

***State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?***

### General Overview

HealthCheck is Wisconsin's Early and Periodic Screening, Diagnosis and Treatment Program as established and described in DCFS Numbered Memo (Memo Series 92-29). Wisconsin Administrative Code requires that foster parents arrange a HealthCheck screen, including dental screen, within 30 days of a child entering foster care. A complete screen includes health and developmental history, a vision exam, a hearing exam, anticipatory guidance, an unclothed physical exam, appropriate lab tests and immunizations and an oral assessment.

Availability of providers to conduct HealthCheck screen varies across the state. Statewide data that specifically examines the frequency and availability of HealthCheck screens is not gathered, but across the state, foster parents and social workers note the lack of providers, specifically dental providers, who take Medical Assistance, are accessible and can meet the needs of foster children. As mentioned above, foster home regulations require foster parents to arrange HealthCheck screens. If the agency cannot obtain a release for medical care for a child in foster care, it becomes the responsibility of the placing agency to assure that a HealthCheck screen is completed.

In general, the ability to consent for medical care resides with the biological parent or legal guardian. Information concerning a foster child's medical care and treatment must be shared with the foster parent. According to state statute and Wisconsin Administrative Code, a foster parent must be provided with a summary of dental records, medical records, information on any diagnoses, a summary of any social or psychological evaluations and a summary of any mental health treatment.

### Program and Practice Issues

Currently, the DCFS is in the process of developing a managed care system for foster children in the care of the BMCW. The 1999-2001 Wisconsin state budget contained a provision authorizing the DHFS to develop a managed care pilot program to integrate and oversee the social, behavioral and physical health care needs of children in out-of-home care in Milwaukee County. The results from this pilot will be examined before attempting to implement a statewide managed care model for children in out-of-home care. Foster care providers will be required to enter children into the managed care program, and families who adopted special needs children would have the option to enroll.

In addition, state staff from the Division of Public Health (DPH) and the DCFS are working together to identify resources that could connect local agencies and dental providers with foster families and social service agencies. Accessible dental services have been identified as a large need by both social workers and foster parents across the state.

While children's health and mental health needs are met through a variety of resources, including private health insurance or Medicaid, local collaborative efforts among private providers, public health agencies and the child welfare agency are also important to effective prevention and early

intervention. The ESC identified collaboration in physical health and mental health as areas for attention. Through the identification and analysis of “promising practices” implemented by local child welfare agencies and health/mental health providers, other local communities would be better able to assess their own efforts and develop strategies to improve the physical well-being and mental health of these children in their local communities

### Program Implications and Analysis

The Managed Care Initiative is in its beginning stages and has the potential to expand statewide, pending the outcomes and success of the BMCW pilot. This model may be used as the basis for requesting a federal waiver. Dental services and mental health services are currently included in the Managed Care Initiative.

Currently, state policy requires foster parents to schedule dental exams for foster children within 30 days of a child entering foster care. This timeframe is becoming increasingly problematic with the low number of dentists who take new patients or patients receiving Medical Assistance. Considering the number of children in the foster care system with significant dental health needs, access to dental services is an important issue.

One of the major concerns of foster parents is the limited availability of dentists who take Medical Assistance and can serve foster children. Even though dental services are included in the BMCW Managed Care Initiative, dental services vary across the rest of Wisconsin. The Division should continue working with the DPH and other agencies to help foster families connect with existing resources and pursue new resources. Both Divisions are actively looking for grants or additional funding to expand already existing Regional Oral Health consultants who are currently funded through a Center for Disease Control (CDC) grant that the DPH administers.

- 4. Mental Health Care for Children. Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?***

### General Overview

There are no mental health or substance abuse services mandated by statute or other state policy, but needs and services are determined by workers addressing mental health and substance abuse concerns as part of the child and family assessments. As part of the Wisconsin Model and WiSACWIS programs, these assessments and evaluations are being more accurately recorded and tracked. Neither state statute nor administrative rule mandate formal assessments or evaluations specifically for mental health or substance abuse needs or services. Child and family assessments examine mental health and substance abuse as one component of a more comprehensive assessment.

The ability to consent for mental health or substance abuse screens and treatment remain with the biological parent or guardian whether the child is in-home or out-of-home care. The parent or guardian must consent for a child to receive any mental health or substance abuse evaluation or

treatment. Only in specific situations and with a court order may an agency consent for mental health or substance abuse treatment.

### Program and Practice Issues

With the development of a managed care pilot in the BMCW, the DCFS is examining the possibility of including these services as a part of managed care for children in out-of-home care. This option depends upon many factors, including the availability of agencies that can provide comprehensive physical and mental health and substance abuse services. In the case that mental health or substance abuse services are not included in a managed care plan, the alternative plan is to consider specific mental health and substance abuse providers to administer these services to children in BMCW.

In addition, the WiSACWIS system and Wisconsin Model guide workers to examine mental health and substance abuse issues on every case in order to determine needs for a child or family. With these systems, the assessments, evaluations and services are recorded and tracked to assure that the needs of a child or family are being met.

### Program Implications and Analysis

Behavioral health services are currently included with physical health services in the Managed Care Initiative Request for Proposal. With increased wrap-around services in Milwaukee and statewide, agencies have increased their focus on mental health and substance abuse treatment needs of children in foster care.

Because the Wisconsin Model allows case managers to track the providers and treatment services on WiSACWIS, workers are able to see a child's case history more clearly, examine any services already provided or identify additional mental health or substance abuse service needs. Also, the state permanency plan includes a section in which the worker needs to detail service providers and dates of last visit. Also included in the permanency plan is a description of any emotional conditions and medications a child may be receiving. Through permanency plan reviews, mental health and substance abuse concerns and treatment should be examined on a regular basis.

Mental health and substance abuse treatment needs of children should be given the same attention as their physical needs. Through training and identification of needs, workers and foster parents can more adequately meet these needs for children in foster care. Information about mental health and substance abuse concerns for children should be more thoroughly shared with the foster parents in order to effectively collaborate to help children and families with daily care and treatment needs.

5. ***Other Well Being Issues. Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.***

***There are no additional issues for this question.***

## **Section V - State Assessment of Strengths and Needs**

**Based on examination of the data in section III and the narrative responses in sections II & IV, the State review team should respond to the following questions.**

***1. What specific strengths of the agency's programs has the team identified?***

Specific strengths of the Wisconsin child welfare program include:

Working relationships with counties: The state-supervised, county-administered child welfare program requires strong collaboration between the state and county agencies. The DCFS is committed to working collaboratively with county human service agencies to improve child welfare program outcomes in the state.

Coordination of services: The unified human services structure in Wisconsin, both at the state level in the Department of Health and Human Services and at the local level in county human service departments, allows for effective coordination of other program services for families being served by the child welfare program.

BMCW implementation in Milwaukee: Implementation of the Bureau of Milwaukee Child Welfare in Milwaukee in 1998 has resulted in significant improvements in the quality of services and child welfare program outcomes in Milwaukee. The BMCW is committed to further improvements in program outcomes, with local program objectives based on the federal performance standards.

Information system: Statewide implementation of the WiSACWIS system will lead to improved consistency of child welfare program practice across counties. The WiSACWIS supports effective assessment of family needs and case planning to ensure the safety of children and achieve permanency for children in out-of-home care.

Mock CFSR reviews: Based on mock CFSR reviews conducted in Fall 2002, Permanency Outcome 2 relating to preserving family relationship is the area of greatest strength in the Wisconsin child welfare program.

***2. What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.***

Specific issues that should be explored in the CFSR include:

CPS report screening and case findings: Counties vary in how CPS reports are screened in for investigation and making case findings. These variations affect the measurement of safety outcomes and the ability of families to access child welfare services.

Risk assessment and safety plans: Analysis of risk and safety factors within families is essential to determine the potential for harm to the child(ren). Safety assessments must identify critical issues and be used as the basis for safety plans and service delivery to protect children in the home. Safety plans and service objectives must be updated to reflect changes in family circumstances over time.

Re-entry of children to foster care: The re-entry rate in Wisconsin exceeds the federal performance standard and reducing re-entry will be a major goal for the state Program Improvement Plan. In addressing re-entry, it is important to look at how out-of-home care is used for different populations of children, such as juvenile justice cases, and how the state uses trial home visits to support and stabilize family reunification as a permanency outcome.

Timeliness of adoption: The timeliness of adoption is affected by timeframes for permanency planning, pursuing TPR, and finalizing the adoption. Barriers to timely adoption can exist in each of the three phases. The structure of the Wisconsin adoption program, with adoption services provided by the DCFS, requires close coordination with counties to improve the timeliness of adoption.

Foster care provider support: Foster parents play a key role in the child welfare program and need extensive support to be effective as caregivers. Additional support is needed for foster parents through training, reimbursement rates, and respite care services to better ensure the provider quality and placement stability.

Needs assessment and case planning: Conducting thorough assessments of family service needs and developing comprehensive service plans with the involvement of the family is essential to improve the well being of families. Effective case planning, based on fully engaging and involving the family in the planning process, has been shown nationally to be instrumental to achieving good outcomes for families.

Caseload and supervisory ratios: The number and mix of cases managed by case workers impacts the ability of workers to do effective case planning and coordinate services for families. Effective supervision is essential to support caseworkers in their practice and ensure compliance with child welfare program requirements.

Quality assurance: State agency monitoring of county child welfare agencies is needed to ensure consistent compliance with child welfare program requirements. A comprehensive monitoring approach should be developed to identify problem areas. Additional technical assistance and training are needed to help county agencies improve local program services.

Mock CFSR reviews: Based on the mock reviews conducted in fall 2002, most of the safety, permanency and well being outcome areas will likely be found not in substantial conformance for the Wisconsin CFSR review. This likely result is consistent with the national results of other states that have gone through the review process.

***3. Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?***

The on-site portion of the CFSR will take place in three counties. One of the three counties must be Milwaukee as the largest urban county in the state. The other two counties must provide good locations for examining child welfare program issues identified in the statewide assessment. The other counties must also provide an adequate sample of in-home and placement cases for the CFSR case review. Based on the following information, the DCFS recommends Milwaukee, Kenosha and Outagamie counties as the on-site locations for the CFSR.

### Kenosha County

Kenosha County has a population of approximately 150,000 and is located in the southeast portion of Wisconsin. The City of Kenosha accounts for the largest share of the county population at approximately 90,000. The majority of the remaining county population is located in the eastern part of the county near the City of Kenosha with the western part of the county being more rural. Child protection and juvenile justice services are provided by the Kenosha County Department of Human Services, Division of Children and Family Services. The human services office in downtown Kenosha will be used as the location for case reviews and stakeholder interviews.

### Milwaukee County

Milwaukee County has a population of approximately 940,000 and is located in the southeast portion of Wisconsin. The City of Milwaukee accounts for the largest share of the county population at approximately 597,000. The remainder of the county population is in suburban communities. Milwaukee County is the center of a metropolitan area with a total population of approximately 1.7 million. The majority of the county child welfare caseload is located in the City of Milwaukee, primarily in inner-city areas. Child welfare services for child protective services cases are operated by the Bureau of Milwaukee Child Welfare (BMCW), which is part of DCFS. The BMCW is not responsible for juvenile justice program services in Milwaukee County.

Milwaukee County is divided into five sites or geographic service areas for child welfare services, with each site offering a full range of child welfare services. The case sample for the CFSR will be drawn from all 5 sites. During the on-site review, however, only some of the BMCW sites will be used as locations for case reviews and stakeholder interviews. The case reviews will take place at Sites 1/2 and Site 3 and stakeholder interviews will be conducted at the BMCW administrative office.

### Outagamie County

Outagamie County has a population of approximately 161,000 and is located in the northeast portion of Wisconsin. Appleton is the largest city in Outagamie County at approximately 70,000 and is part of a multi-county metropolitan area known as the Fox Cities. The majority of the remaining county population is located in the southern part of the county near Appleton with the northern part of the county being more rural. The Oneida Nation reservation is located in the northeast portion of the county. Services are provided by the Outagamie County Department of Health and Human Services, Divisions of Children and Family Services (child protection cases) and Youth and Family Services (juvenile justice cases). The human services office in the downtown Appleton will be used as the location for case reviews and stakeholder interviews.

### Selection Criteria

Several factors were taken into consideration in selecting the three counties, including caseload size, the mix of in-home and placement cases, geographic location, status of the WiSACWIS implementation, local agency management support, mock review experience, and other program factors.

### Caseload Size and Mix

Over half of the 72 counties in Wisconsin were eliminated on the basis of caseload size. To reach the minimum required sample of 6 in-home and 6 placement cases for the CFSR, a county needs to have had at least 30 in-home and 30 placement cases open during the sample period of April 1, 2002 through September 30, 2002. Many counties did not have at least 30 placement cases during that six-month period. Based on the results of the 2001 local assessments, the DCFS estimated the number of in-home cases that meet the CFSR sample selection criteria of being open for services following a CPS investigation for at least 60 consecutive days. Several other counties, while having adequate numbers of placement cases, did not have sufficient numbers of in-home cases to meet the case selection criteria. Both Kenosha and Outagamie have sufficient numbers of in-home and placement cases for the CFSR case sample.

### Geographic Location

The CFSR will be centered in Milwaukee and for the initial review; the DCFS eliminated from consideration counties in the western and northern regions of the state that would be more than a 3-hour drive from Milwaukee. There are only a few counties in the western and northern regions of the state that meet the caseload size and mix criteria. Outagamie County (City of Appleton) is approximately two hours from downtown Milwaukee and Kenosha County (City of Kenosha) is less than one hour driving distance.

### WiSACWIS Implementation

The DCFS is in the process of implementing the WiSACWIS system statewide. Location implementation involves eight months of pre-implementation activities and on-site support following implementation. Due to the local workload involved with implementing the system, the DCFS excluded from consideration the 20 counties that are scheduled to implement the system in either June 2003 or October 2003. This eliminated several counties in the southern and eastern regions of the state that met the caseload size and mix criteria. Kenosha implemented WiSACWIS in June 2002 and Outagamie will implement the system in June 2004. Milwaukee implemented WiSACWIS in phases during calendar year 2000.

### Local Agency Management Support

Support of the local agency management is critical to the CFSR process due to the workload and political visibility of being one of the CFSR counties. A couple of counties that met the other selection criteria declined to be considered due to concerns about their ability to host the CFSR and/or actual or anticipated turnover in key child welfare program management positions. Kenosha and Outagamie have stability in key manager positions and local management support for participating in the CFSR process.

### Mock Reviews

Mock CFSR reviews using the CFSR process were conducted in Milwaukee, Kenosha, Outagamie, Brown and Fond du Lac in October and November 2002 to test the CFSR process. All of the counties selected for the mock reviews met the caseload size and mix criteria and did

not have conflicts with WiSACWIS implementation. These mock reviews included both case reviews and stakeholder interviews and were designed to test the logistics of conducting the on-site review process, as well as to identify program issues for the statewide assessment. Based on the mock reviews, Kenosha and Outagamie showed good organizational capacity and facilities to host the on-site CFSR reviews.

### Indian Child Welfare

Outagamie County presents an opportunity to examine Indian child welfare issues as the county includes part of the Oneida Nation reservation and Indian children are a significant portion of the caseload. The Oneida Nation has agreed to assist with the CFSR review process, including hosting a tribal child welfare stakeholder interview.

### Case Sample Selection

The case sample period for the Wisconsin CFSR is April 1, 2002 through September 30, 2002. Cases selected for the CFSR review must be open for service sometime during that six-month period. The Wisconsin sample period corresponds with the FFY 2002 B period for federal AFCARS reporting. The case sample will include families receiving in-home services following a CPS report and children in out-of-home care placement.

A total of 50 cases will be reviewed, with 26 cases reviewed in Milwaukee County and 12 cases each in Kenosha and Outagamie counties. Wisconsin intends to review an equal mix of in-home and placement cases in each of the three counties, although the national experience shows that placement cases may wind up being more than 50% of the cases reviewed.

Cases selected for the CFSR case review do not have to be still open for service at the time of the on-site case review in August 2003. In fact many cases, particularly in-home service cases, will have closed between the sample period and the August 2003 on-site review. The subsequent closure of the cases does not affect the inclusion of the cases in the CFSR case sample, although if the case have been closed for a long period, the family may be less willing to participate in the CFSR case review.

In-home cases must be open for service for at least 60 consecutive days during the sample period or for at least 60 days beginning sometime during the sample period. This means that the family case was open for child welfare services beyond a CPS investigation or other initial assessment to determine that the case should be served. Cases where the only child welfare service was a CPS investigation or assessment are not included in the pool of cases for the in-home case sample.

Placement cases must be in out-of-home care subject to federal AFCARS reporting. This means that the child was in out-of-home placement for a placement episode that lasted more than one day. Based on state AFCARS reporting policy, this also excludes children placed in respite care on a voluntary basis as a service to the parents. Children who were in placement for only one day or short-term respite purposes are not included in the pool of cases for the placement case sample.

The placement case sample will include children in out-of-home care for juvenile justice or mental health reasons where the cases are served by the BMCW or county child welfare agencies. The placement sample will not include juvenile justice cases served by the Milwaukee County Department of Health and Human Services, Delinquency and Courts Services Division or the Division of Juvenile Corrections in the Wisconsin Department of Corrections.

The placement case sample will be stratified to ensure that juvenile justice cases are included in the placement sample in each of the counties. For Milwaukee County, children in care under a CHIPS order who were subsequently adjudicated delinquent and remain assigned to the BMCW will be identified as juvenile justice cases for sample purposes. The placement sample will also be stratified to ensure that adoption cases are included in the placement sample for each of the counties. This will allow an opportunity to examine the coordination between counties and the State Adoption Program.

***4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.***

The Statewide Assessment process is useful in focusing attention on the basic child welfare program elements that affect safety, permanency and well being. The process is designed to engage key stakeholders in looking at their role in the child welfare system and how their actions can help improve outcomes for children and families. Involving the broad group of child welfare stakeholders in the Statewide Assessment process is important for development and implementation of the subsequent Program Improvement Plan (PIP).

The Statewide Assessment and PIP are intended to serve as the basis for developing future federal plans for funds under Title IV-B, the Chafee Foster Care Independence Program, and the Child Abuse Prevention and Treatment Act. Federal instructions have yet to be issued regarding how the Statewide Assessment and PIP should be used in the state plan process.

The Statewide Assessment and PIP should serve as blueprints for the use of federal funds and coordination of federal program services. With the exception of the Court Improvement Program, the federal Department of Health and Human Services has not identified how other federal programs should coordinate with state child welfare programs implementing a PIP.

***5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).***

See the section of the Statewide Assessment on preparation for the CFSR, including the description of the Child Welfare Executive Steering Committee.